

SREE SANKARACHARYA UNIVERSITY OF SANSKRIT, KALADY

APPLICATION FOR UNIVERSITY JUNIOR RESEARCH FELLOWSHIP FOR 2016-2017 ADMISSION

- | Course..... | Year | Semester |
|--|------------|--|
| 1. Name of the Candidate (In Capital Letters) with Mobile No. | : | |
| 2. Permanent Address | : | |
| 3. Date of Birth | : | |
| 4. Caste/Community | : | |
| 5. Name of the Course | : | M.Phil/Ph.D (Please tick whichever is applicable) |
| 6. Name of the Department | : | |
| 7. Name of the Supervising Teacher (in case of Ph.D Course) | : | |
| 8. Date of Admission/Registration | : | |
| 9. Order No. of Registration (Registration Order of Ph.D to be attached) | : | |
| 10. Qualifying Examination (PG/M.Phil Degree) with month and year of passing the same | : | |
| 11. Marks obtained in the qualifying examination & % of marks or grade obtained (Attested copy of the marklist and certificate to be attached) | : | |
| 12. Whether the student is having an M.Phil Degree or not | : | |
| 13. No. of chances taken for passing the Qualifying examination | : | |
| 14. Whether the candidate is enjoying any fee Concession/ scholarships, if yes give details | : | Yes/No |
| 15. Whether the candidate is enjoying stipend/ L.S.G. from H.W.D, if Yes give details | : | Yes/No |
| 16. Annual Income of the Parent/Guardian | : | |

DECLARATION

I hereby declare that the details given above are true. I also declare that I have gone through the rules, governing the award of fellowship in the University and I shall abide by the conditions provided therein.

Place :
Date :

Signature of the Candidate

Signature of the Supervising Teacher

Recommendation of the HOD