VIT

UNIVERSITY

(Estd. u/s 3 of UGC Act 1956)

Vellore 632 014, Tamil Nadu, India.

Application for Registration for M.S. (By Research) Degree*

(Items 1-11 to be filled in by the Candidate)

1. **Name** :
2. **Address for Correspondence** :

3. **E-mail address and Phone/Mobile number** :

4. **Date of joining the Institute as a research student**: :

5. **Category**

Internal Full-Time (Full-time research student) ☐

Internal Part-Time (VIT Staff/ Project Staff) ☐

External Part-Time ☐

For VIT Staff only:

Designation: School/Centre:

Date of joining: Present scale & Salary drawn:

For Project Staff only (A letter of permission from the Project/Scheme authorities for registering for conferment is to be sent along with this application)

Designation: Name of the Project/Research scheme:

Date of joining: Present scale & Salary drawn:

Funding Agency: Duration of the scheme:

For External Part-Time:

Name & Address of the Employer

Designation: Date of joining:

Present scale & Salary drawn: Whether permanent or temporary:
(If temporary, indicate duration)

**To be submitted within two weeks after joining the programme*

6. **Qualifications (from SSLC/X std onwards)**

Sl. No	Examination	University	Year	Main Subject	Class / Rank

7. **School/Centre/Laboratory where you propose to conduct the research work**

8. **Proposed Topic/Area of Research** [Enclose a one page write-up]

9. **Guide(s) (if identified)**

   Name Designation School/Centre

   1.

   2.

10. **Name & Address of Research Advisor, if any (Bio-data to be enclosed)**

11. **Whether the candidate is related to the Guide/Research Advisor :** Yes / No
    If the answer is Yes, mention the relationship.

Place: Signature of the Applicant
Date:

Item 12 to be filled in by Guide(s) / Research Advisor

12. I/We have scrutinised and checked the foregoing declarations, information and annexures submitted by the candidate under item 1-11 and find them in order. I/We have also assessed the candidate and consider him suitable for registration for M.S. (By Research) degree in the School/Centre of _____. I/We am/are willing to supervise his/her work. I/We declare that the candidate is not related to me/us.

1. _____

2. _____

3. _____

(Signatures of Guide(s) and Research Advisor if any)

Date:

(Items 13, 14 and 15 to be filled in by the concerned School/Centre at VIT)

13. a. For VIT Staff

Teaching and / or other School/Centre duties assignee Yes ☐ No ☐

(If yes, attach a short note not exceeding 200 words,
Attached: Yes ☐ No ☐

b. For VIT and Project/Scheme Staff

Is the candidate likely to continue in the School/Centre till the completion of the work for the conferment Yes ☐ No ☐
(If No, indicate his/her position after termination)

14. I recommend the registration of the candidate for M.S. (By Research) degree in the School/Centre of _____. Required facilities to the extent that are available in the School/Centre will be provided. Of the Guide(s) suggested, _____ _____ has been suggested as a guide for the first time. His/Her application for Recognition as a Guide is attached herewith Attached.

Yes ☐ No ☐

Signature of the Director of the
School/Director of the Centre
(Please affix official seal)

Date:

(For Inter-School/Centre Registration only)

15. I concur. Required facilities to the extent that are available in the School/Centre will be provided.

Signature of the Director of the School/Director of the Centre (at VIT) where the candidate is enrolled.

Date: