**MIZORAM UNIVERSITY**

**TANHRIL, AIZAWL – 796004**

**MZU-UGC FELLOWSHIP FOR Ph. D.**

Affix a recent passport size photograph

1. Name (in block letters) Mr./Mrs/Ms. :

2. Date of birth :

3. Father/Husband’s Name :

4. (a) Present Address :

 Pin Code......................................Phone/Mobile No............................................

 (b) Permanent Address :

 Pin Code......................................Phone/Mobile No............................................

5. Name of the Department :

6. Date of Admission into Ph. D. Programme :

7. Date of completion of Pre. Ph. D. Course work :

8. Grade/Grade points obtained in Pre. Ph. D, Course work :

9. Registration Number :

10. Topic/Title of Research (Dissertation) :

11. Name & Designation of the Supervisor :

12. Particulars of educational qualifications, starting with matriculation onward

 *(Please attach attested copies of mark sheets, certificates, diplomas, etc.,)* :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Examination passed and year of passing | School/college/university | Subjects offered | Division/Grade | Percentage of marks/cumulative grade point |
|  |  |  |  |  |

13. Have you had any scholarship/fellowship before applying for this award? *If so, please indicate its source, value, period and details of work done under that award* :

|  |  |  |  |
| --- | --- | --- | --- |
| Source ofScholarship/Fellowship | Value & date ofCommencement/Completion | Topic of theResearch | Whether the work has been completed/ is in progress |
|  |  |  |  |

14. Do you suffer from any physical disability? *If so, please give details. Also attach a certificate to this effect* :

15. Any other information relevant to the research work, which you may like to give in support of your application? :

**DECLARATION**

I declare that:

1. I have read the rule regarding the award of Research Fellowship for Ph. D of Mizoram University.
2. I undertake that I am a full time Research Scholar.
3. I do not receive any financial support from other sources/ fellowship.

 I further declare that to the best of my knowledge and belief, the particulars given in the form are correct.

**Date:**

**(Signature of the Candidate)**

Name of the Candidate

(In bold letters)

**(Signature of the Supervisor) (Signature of the Head of the Department)**

**Date: Date:**

(Seal of the Department with Date)