

3.4 Format for application to DRC for PhD Qualifying Examination (2 pages)

BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE PILANI, _____

CAMPUS

DEPARTMENT OF _____

APPLICATION FOR PhD QUALIFYING EXAMINATION

I. General

1.1 Name in block letters (As given in the certificate of your highest qualification):

1.2 Official Address: _____

_____ PIN _____

STD Code: _____ Phone No. _____ Fax No. _____

1.3 Address of correspondence: _____

_____ PIN _____ Phone _____

E-mail Address: _____

1.4 Nationality: _____

1.5 Sex: Male Female

1.6 Date of birth:

1.7 Marital Status: Single Married

Affix your
passport size
photograph
here

II. ACADEMIC RECORD

2.1 List your formal education (beyond H. Sc./10+2/Intermediate)

Degree	Duration	Year of passing	Division/ % marks	College/ Univ.	Full time/ part time basis	Subjects

2.2 Are you holding a formal higher degree (M. E./M. Tech./M. Phil./M. Pharm./M. S., etc.) of BITS or its equivalent? (Attach certificate). Do not tick YES if holding only M.A./M. Sc./M.Com./M.B.A./L.L.B./C.F.A./M.B.B.S.: YES / NO

If yes, give Higher degree name and discipline: _____

University: _____ Year passed: _____

Duration: _____ years. Number of courses in the degree _____

Completed as full time []/ Part time [] student.

III. ANTICIPATED PLAN FOR PhD

3.1 Place of work: _____

Organization: _____ City: _____

3.2 Proposed topic of Research: _____

3.3 Name of proposed supervisor: _____

Qualification: _____ Designation: _____

Organization: _____

3.4 Name of proposed Co-supervisor (if any): _____

Qualification: _____ Designation: _____

Organization: _____

3.5 Position of candidate in organization: _____

IV. DETAILS ABOUT PhD QUALIFYING EXAMINATION

4.1 Did you ever get permission to appear in the PhD QE? Yes/No

If yes, give dates of appearing _____ Result: PASS / FAIL

4.2 Details of Higher Degree courses (M. E./M. Tech./M. Phil./M. Pharm./M. S., etc).

Attach grade/marks sheet and complete syllabus for all higher degree courses.

4.3: Subareas chosen for PhD QE:

1.

2.

4.4. Selected Date of Qualifying Examination _____

Date:

Signature: _____