

**Ph.D. - PROVISIONAL REGISTRATION FORM**

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1. **Full Name:** .....
2. **Financial Status:** Sponsored  Self-Financed
3. **Type of Registration:** Full-time  Part-time Internal  Part-time External
4. **Gender:** Male  Female  Transgender
5. **Date of Birth** : .....
6. **Father's Name** : .....
7. **Mother's Name** : .....
8. **Address for Correspondence:** .....
- .....Pin code: .....
9. **Email:** ..... **Mobile No./WhatsApp No.** .....
10. **Permanent Address:** .....
- .....Pin code: .....
11. **Emergency Contact:** ..... (Name) ..... (Phone No.)
12. **Nationality:** Indian  Others  (Specify .....
13. **State of Domicile:** ..... **Religion:** .....
14. **Qualifying Degree (Master's Degree):**

Degree	Year	University/ Institution	Subject/Discipline	Year	% marks/ CGPA

**15. For Part-Time External Scholars**

**a. Employment Details:**

Employer	Description	City	State	Contact No.

b. Institution in which the candidate proposes to work (Attach NOC): .....

.....

16. Department of Registration: .....

17. Broad Area of Research: .....

18. Registration fee Payment details: (Please Attach Receipt duly signed by finance department)

Fee Type	Payment Mode	Reference No.	Date	Amount (₹)
Registration Fee				
Tuition fee				

19. Details of Supervisor and Co-Supervisor\*

	Name	Designation	Department	Contact No.	Email
Supervisor					
Co-Supervisor					

\*In case Co-Supervisor is from outside UEM, his/her CV and declaration should be attached separately.

20. Declaration by the Applicant

I .....certify that the information provided by me in this form is correct to the best of my knowledge and belief and that any willful misrepresentation of facts will result in cancellation of Ph.D. registration.

Date: .....

Signature: .....

**Declaration of Supervisor/ Co-supervisor**

- (i) I/We undertake the responsibility to supervise/co-supervise Mr./Ms.....  
.....for his/her Ph.D. program in the proposed field of research. The student is not related to me.
- (ii) I/We declare that the candidate is neither in my blood relation nor otherwise related to me.

Signature  
(Supervisor)

Signature  
(Co-Supervisor )

Date: .....

**Recommendation of the HOD**

- (i) The Department of .....has adequate facilities for the research work proposed by the research scholar Mr./Ms. ....under the Supervision of Prof./Dr. ...., Department of .....  
....., and Co-Supervision of Prof./Dr. .... Department of .....  
....., Institute/University.....
- (ii) The candidate may be permitted to register in Ph.D. program at University of Engineering and Management, Jaipur.

Date: .....

(Name & Signature)

**(For Office Use Only)**

- (i) The above furnished details have been verified and the candidate is provisionally registered as a Ph.D. scholar in Department of ....., at University of Engineering and Management, Jaipur.
- (ii) Candidate Enrollment Number: .....

Date: .....

**Ph.D. Coordinator**