**ANNEXURE**

**SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT**

**PRIMARY INFORMATION FORM (Ph.D.)**

|  |  |  |
| --- | --- | --- |
| 1 | Name of the Candidate  (As per last Degree Certificate) |  |
| 2 | Academic Year |  |
| 3 | Course | **Ph.D.** |
| 4 | Gender: Male/Female |  |
| 5 | Married/Unmarried |  |
| 6 | Date of Birth |  |
| 7 | Admission No. |  |
| 8 | Candidate Category  (Open/OBC/SC/ST/PH/EWS) |  |
| 9 | Sub-Caste  (Hindu/Muslim/Christi/Buddhist/Parsi) |  |
| 10 | Admission Category  (In which admission taken)  (FIR/FRS/FSC/PIS/FPS/PEC/FSF/FSL/QIP) |  |
| 11 | Present Address |  |
| Mobile No. |  |
| E-Mail |  |
| 12 | Home Address |  |
| Mobile No. |  |
| E-Mail |  |

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| **Tuition Fees Details** | **2021-22** | | **2022-23** | | **2023-24** | | **2024-25** | |
| **1st** | **2nd** | **3rd** | **4th** | **5th** | **6th** | **7th** | **8th** |
| Receipt No. |  |  |  |  |  |  |  |  |
| Date |  |  |  |  |  |  |  |  |
| Amount |  |  |  |  |  |  |  |  |
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| **Tuition Fees Details** | **2025-26** | | **2026-27** | | **2027-28** | | **2028-29** | |
| **9th** | **10th** | **11th** | **12th** | **13th** | **14th** | **15th** | **16th** |
| Receipt No. |  |  |  |  |  |  |  |  |
| Date |  |  |  |  |  |  |  |  |
| Amount |  |  |  |  |  |  |  |  |
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**SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT**

**FIRST REGISTRATION FOR Ph.D. PROGRAMME**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Name  (As per qualifying Degree) | | | : |  | |
| 2 | Roll no. | | | : |  | |
| Department | | | : |  | |
| Category | | | : |  | |
| 3 | GEN/SC/ST/PH/EWS | | | : |  | |
| 4 | Date of Birth | | | : |  | |
| 5 | Address | | | : |  | |
| 6 | Date of Joining the Institute | | | : |  | |
| 7 | Proposed Course work for the entire Programme \* | | | | | |
| Year | Semester | Course No. | Title | | | No. of  Credits |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
| \*To be filled in consultation with the faculty advisor/Supervisor | | | | | | |

I request that I may admitted to the Ph.D. Programme and be registered for the course work

I promise to abide by the rules and discipline of the institute. Course Registration form is enclosed.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant

8. For External/Sponsored Candidates:

|  |  |  |
| --- | --- | --- |
| Name of Sponsoring Organisation | : |  |
| Address of Organisation | : |  |
| Phone No. & Email | : |  |
| Present Designation of the applicant | : |  |
| Place where research work is proposed to be  Done | : |  |
| Is the original/true copy of the certificate from  Sponsoring authority in prescribed form attached | : | Yes/ No |

9. Remarks

The Proposed course work as given in item No. 7 has been approved.

Name of Supervisor: Signature:

Name of Co-Supervisor: Signature:

**CERTIFICATE BY THE SUPERVISOR**

At present I am supervising \_\_\_\_\_\_ candidates for Ph.D. as detailed Below:

|  |  |  |
| --- | --- | --- |
| **Category** | **Total No.** | **Department** |
|  |  |  |

In addition to above, I agree to supervise Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor

**CERTIFICATE BY THE CO-SUPERVISOR**

At present I am supervising \_\_\_\_\_\_ candidates for Ph.D. as detailed Below:

|  |  |  |
| --- | --- | --- |
| **Category** | **Total No.** | **Department** |
|  |  |  |

In addition to above, I agree to supervise Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Co-Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Remarks, if any

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chairman, DAAC

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean (Academic)

**SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT**

**DOCTORAL STUDIES**

**COURSE REGISTRATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student** | **:** | **Degree** | **:** |
| **Roll No.** | **:** | **Discipline** | **:** |
| **Year** | **:** | **Specialization** | **:** |
| **Course Semester** | **:** | **Fee Receipt No. & Date** | **:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Code** | **Course Name** | **Credits** | **Remarks** |
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|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **:** | **Signature of Student** | **:** |
| **Hostel No.** | **:** | **Signature of Co-Ordinator** | **:** |

Copy for : Student / Concern Deptt. / Faculty Co-Ordinator /Academic Section.

Note : Final Registration will be subjected to payment of all dues and Fees.

**Admission No. ……………………….**

**Student Mandatory Information (for Ph.D.)**

|  |  |  |
| --- | --- | --- |
| **Name of the Candidate** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **State** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of Birth** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Gender** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Residential Address** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Nearest Rly. Station of Hometown** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact No.** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Qualifying Examination Passed** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of the University/Board** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Last Attended School/College** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Category of seats** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Disabled (Yes/No)** | : | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable)** |
| **Type of Disability** | : | **Physically/Visually/Speech & Hearing/Other** |
| **Provisionally admitted to** | | |
| **Course** | : | **Ph.D.** |
| **Branch** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Roll No** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Amount of fees paid at SVNIT Rs.** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Receipt No.** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Admission Detail** | | |
| **Father Name** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mother Name** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **State** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Place of Birth** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Category** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Sub Category** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Religion** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Nationality** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mother Tongue** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Blood group** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Bank Account No** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of the Bank** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Branch Name** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email Id** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Father’s Occupation** | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Address Details**

|  |  |  |
| --- | --- | --- |
| **Present Address** | | |
| **Address** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **City** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Pin** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **District** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **State** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Phone No.** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Nearest Bus Station** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Nearest Rly. Station** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Home/Permanent Address** | | |
| **Address** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **City** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Pin** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **District** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **State** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Phone No.** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Nearest Bus Station** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Nearest Rly. Station** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Last Exam Details** | | |
| **(Submit zerox copy of last degree/marksheet for name verification)** | | |
| **Last Exam Name** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Exam Year** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Univ. Name** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Last College attended** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Duration of course** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Class/CGPA** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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**SARDAR VALLABHABHI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT**

**TUITION FEE FORM (Ph.D.)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name of the Student | : | ………………………………………………………………………. |
| 2 | Academic Year | : | ………………………………………………………………………. |
| 3 | Semester | : | ………………  Admission No…………………………………. |
| 4 | Male/Female | : | …………………………… |
| 5 | Date of Birth | : | …………………………… |
| 6 | Caste | : | …………… (Open/SC/ST/OBC/Ph/EWS) |
| 7 | Sub Caste | : | ………………….  (Hindu/Muslim/Sikh/Christi/Buddhist/Jain) |
| 8 | Religion/Minority | : | …………………..  (Hindu/Muslim/Sikh/Christian/Buddhist/Jain) |
| 9 | Present Address  Mobile no. |  | ……………………………………………………………………….  ……………………………………………………………………….  ……………………………………………………………………….  ………………………………………………………………………. |
| 10 | Home Address  Phone No. (M) | : | ……………………………………………………………………….  ……………………………………………………………………….  ……………………………………………………………………….  ………………………………………………………………………. |
| 11 | E-mail | : | ………………………………………………………………………. |
| 12 | Tuition Fees Receipt No. | : | No.: ………………….  Date: ………………….  Amount: ……………….. |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | / / |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | SIGNATURE OF STUDENT |