



UNION CHRISTIAN COLLEGE

Reaccredited with 'A' Grade by NAAC
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Application for PhD course work

Name of the applicant

Address (Residential) :

photo

Address (official) :

Phone
E-mail :

Date of Birth :
Sex :

Faculty

Discipline

Areas of research:

Employment details

Details of UGC NET/JRF or other examination details

Name and address of the supervising teacher with
Details of University order granting registration as
supervising teacher

A brief note on the proposed research problem

DECLARATION FROM THE SUPERVISING TEACHER

I,..... hereby declare that I take complete responsibility for
conducting classes for the third paper of the course work prescribed for the applicant and that I will offer
necessary support for the entire programme organized by the research centre.

Date
Place

Signature
Name and Designation

DECLARATION FROM THE APPLICANT

I hereby declare that I shall abide by the rules and regulations prescribed by the university and the
research centre from time to time and that all details furnished by me in the application are true to facts.

DATE:

Signature of the Applicant : _____

Name of the Applicant :