

Application ForJiwaji University Research Scholarship

Session 2024-25

1. Full name of the candidate
2. Father/Husband name.....
3. Full Postal Address for Correspondence
- Phone Number and email ID.....
4. Date of Birth.....Category: SC/ST/OBC/GEN.
5. Present Occupation.....
6. Details of Academic Qualifications:

S. no.	Name of Examination	Board/University	Year of passing	Division % of Marks	Subjects
1	High School/Higher Secondary				
2	Intermediate/10+2				
3	B.A./B.Sc./B.Com./B. H. Sc. etc.				
4	M.A./M.Sc./M.Com./MBA/M.Ed./MPed./L.M./M.H.Sc. etc.				
5	Others				

7. Name of the Supervisor(s), designation with address of University/College/Institute
(Where he /she/ is working)

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8. Name of the Research Center.....

9. i) Title of the Research topic

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ii) Date of Registration for Ph.D.

iii) Is this is first registration

iv) Faculty and Subject to which the topic is associated.....

10. Enclosure(s)

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11. Details of Date and No. of fee receipt / Bank Draft

Undertaking of the Candidate

I hereby certify that all the entries made above are true and I have not concealed any fact. I Undertake to abide by all the rules of the university research scholarship and observe all rules of discipline of the research center and Jiwaji University, Gwalior.

Date:.....

Signature and name of the candidate

Certificate of the supervisor

I. Prof./Dr. _____ Posted/retired as _____
In/from _____ am an approved supervisor of the
Jiwaji University, Gwalior to guide candidates for Ph.D. in the subject _____
At present _____ number of research candidates are registered under my supervision for their
Ph.D. degree.

In case Mr./Ms. _____ is awarded the scholarship. I will send
his/her six monthly progress report of his/her research work to the university regularly.

Date:

Signature

Name of the Supervisor

(With Stamp)



3

Certificate of the Head of the Research/Forwarding Center/Institution

(As mentioned at S. No. 8)

It is certified that adequate facilities to pursue research work on the title mentioned at S.No. 9(i)above exists in the department/College/Institution. If, Shri/Ku./Smt. _____ who have registered for Ph.D. under the supervision of Dr./Prof. _____ will be awarded the University Research Scholarship, all related facilities will be provided to candidate.

Date:

Signature

Name

(With Stamp)

(Head of the Institution/School of Studies)