



**RAJIV GANDHI NATIONAL INSTITUTE OF YOUTH DEVELOPMENT**  
**(Deemed to be University u/s 3 of UGC Act, 1956)**  
 Ministry of Youth Affairs & Sports, Govt. of India  
 Sriperumbudur 602 105, Tamil Nadu

**Application Form for admission to Doctor of Philosophy (Ph.D.)**

**1. Admission to Ph.D. programme in:**

(a) Discipline: (Tick the appropriate one)

- Youth Empowerment
- Career Counselling
- Gender Studies
- Local Governance
- Life Skills Education

TO BE FILLED BY APPLICANT

Chalan Date: .....

D.D No. .... Date: .....

Bank: ..... Amount: .....

Affix the latest passport size  
photograph self-attested

(b) Full Time / Part Time: .....

(c) Stipendiary / Non Stipendiary : .....

(d) In case of stipendiary, mention the name of fellowship for which Application is submitted : .....

**2. Name** (in block letters) (as in the SSLC / HSC Mark Sheet) : .....

**3. Sex** : Male  Female  Single

**4. If you belong to a Scheduled Caste, Scheduled Tribe or Other Backward Class mention the category and name of the community**

(a) Category : ..... (b) Name of the Community : .....

**5. Marital Status** : Married  Unmarried

**6. (a) Place of Birth** : ..... **(b) Date of Birth** .....

**7. (a) Nationality** : ..... **(b) Native State** .....

**8. (a) Father's / Mother's / Spouse's Name** : .....

**(b) His / Her Occupation** : ..... **(c) Annual Income in ₹.** .....

**9. Address for Communication:**

**a. Permanent Address**

.....  
 .....  
 .....

PIN code: .....

Telephone: (With STD Code) .....

Mobile: .....

E-mail: .....

**b. Present Address**

.....  
 .....  
 .....

PIN code: .....

Telephone: (With STD Code) .....

Mobile: .....

E-mail: .....

10. Persons with Disability, Please give details : .....

11. Proficiency of Language :

Language	Reading	Writing	Speaking
English			
Hindi			
Any other Language			

12. Educational Qualification from Matriculation to M.Phil. Degree

Examination passed	Name of School / College and Place	University / Board	Year of Passing	Subject	% of Marks
SSLC					
Graduation					
Post Graduation					
M.Phil					
JRF / NET / SLET					
Any other					

13. Work Experience

Name of the Institution / Organisation	Post Held	Nature of Work	Period		No. of years of experience
			From	To	

14. (a). Tentative title of the proposed Research:

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**14. (b). Attach (typed in separate sheets) a brief research proposal (minimum of 500 words) with the following details**

1. A brief introduction (Scope & importance of the study)
2. Objectives
3. Methodology

**15. Describe in 150 words why do you want to pursue doctoral degree at RGNIYD Deemed to be University? (Attach separate sheet if needed)**

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**Enclosures: (Attested copies only)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> HSC / SSLC / Matric Certificate for proof of age  | <input type="checkbox"/> Transfer Certificate | <input type="checkbox"/> Provisional / Degree Certificate   |
| <input type="checkbox"/> Consolidated Statement of Marks of P.G. Programme   | <input type="checkbox"/> Conduct Certificate  | <input type="checkbox"/> Migration Certificate              |
| <input type="checkbox"/> Community Certificate in case of OC / BC / OBC / MBC & DNC / SC / ST                        |   | <input type="checkbox"/> JRF / NET / SLET Award Certificate |
| <input type="checkbox"/> Work experience & No Objection Certificate from employer (in case of part- time candidates) |   |   |

**Declaration by the Applicant**

I declare that the statements made in this application are true and complete to the best of my knowledge and belief. I am aware that at any stage if it is found that the statements made are not true or incomplete or misleading, my admission will be cancelled and I am not entitled for the refund of any fee paid by me to the University. I will abide by the Rules and Regulations of the University.

**Place :** .....

**Signature of the Candidate**

**Date :** .....

**Instructions**

Filled in Form along with the copies of requisite certificates should be sent to The Director, RGNIYD Deemed to be University Sripurumbudur - 602 105, Tamil Nadu.

# FORMAT FOR EXPERIENCE CERTIFICATE

(To be printed on the letter head of the Employer / Institution)

(Self employed professional may certify on their own behalf, but they should attach copies of their Registration Certificates)

This is certified that Mr. / Ms. / Mrs. ....  
..... is employed with this College / Institution /  
Organisation / office as .....  
since .....

Place : .....

Signature of the Head  
of the Institution : .....

Date : .....

Name : .....

(in Block letters)

Designation : .....

Name of College / Institution/  
Organisation / Office  
(Seal / Stamp)