



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

Accredited 'A+' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (GoI)

Annexure-I

APPLICATION FORM FOR GRANT OF CONTINGENCY AND SCHOLARSHIPS TO FULL-TIME RESEARCH SCHOLARS ENROLLED FOR DOCTOR OF PHILOSOPHY (Ph.D)

1. Name of the applicant					
2. Father's / Husband's name					
3. Mother's name					
4. Date of Birth					
5. Present employment details (if applicable):					
Name of the Institution	Designation	Date of Joining	Present Gross salary	Category of appointment (Permanent / Temporary)	
6. Particulars of grant of leave to pursue Full-Time Ph.D. Program at KAHER (if applicable):					
Particulars of Leave granted	From	To	Date of Relieving	Remarks	
Copy of the Order enclosed vide (Enclosure-I)					
7. Details of contingency / scholarship / stipend amount which you are receiving or have been sanctioned to you:					
Particulars of the project	Contingency / Scholarship / stipend Grant amount	Sanctioning agency	Purpose	Present status of the project	
Copy of the Order enclosed vide (Enclosure-II)					
8. Contact Nos.:		Mobile No. : _____			
		Telephone No. : _____ STD _____			
		E-mail : _____			
9. Correspondence / Residential address:		_____			

10. Title of the Ph.D. Research Topic					
11. Particulars of Ph.D. enrollment:					
a) Year of enrollment					
b) Registration No.					
c) Faculty in which Ph.D. is being pursued					
d) Specialty / Subject					
e) Place of work					

12. Purpose for which the Contingency amount will be utilized	Details to be furnished separately in specific manner. (not exceeding 150 words) (Enclosure-III)
13. Whether the research project / activity addresses National Health Programs / Goals	Details to be furnished separately (not exceeding 200 words) (Enclosure-IV)
14. Name and address of:	
a) Research Supervisor (Guide)	Name : _____ Dept. : _____ Mobile No. : _____ Telephone No. : _____ STD _____ E-mail : _____
b) Co-Guide	Name : _____ Dept. : _____ Mobile No. : _____ Telephone No. : _____ STD _____ E-mail : _____
15. Brief summary of the research proposal (not exceeding 500 words) including the current status of the research at the time of submit of submission of this application.	Enclosed separately (Enclosure-V)
16. Signature of the applicant	
17. Signature of the Research Supervisor (Guide) With seal	
18. Signature of the Co-Guide With seal	

19. Details of qualification (Please enclose proof as Enclosure-VI):						
Sl. No.	Qualification	Name of the Institution	Name of the University	Year of Passing	% of Marks obtained	
1.	SSLC/Matriculation/ Equivalent Exam.					
2.	PUC / XII					
3.	Under-Graduate (UG) Degree					
4.	Post-Graduate (PG) Degree					
5.	Others					
20. Particulars of the previous experience:						
Sl. No.	Name of the Institution	Designation	Date of Joining	Date of leaving	Last Salary drawn	Reasons for leaving

(Please enclose copies of the relevant certificates as **Enclosure-VII**)

21. How the research study is considered relevant in the present context to convince / justify why your Ph.D. project should be considered for sanction of Contingency and Scholarship from the University. A one page summary to be submitted as **Enclosure-VIII**.

DECLARATION

I hereby declare / undertake that:

- The Rules & Regulations of the KAHER governing the Degree of Doctor of Philosophy (Ph.D) have been read, understood and the same will be strictly followed by me.
- The Rules & Regulations of the KAHER governing grant of Contingency and Scholarships to Full-Time Research Scholars have been read and the same shall be strictly followed by me.
- An Undertaking (as per **Enclosure-IX**) to the effect that the Contingency amount will be utilized only for the purpose for which it is granted by the KAHER.
- The Utilization Certificate for the expenditure of Contingency amount should be submitted through Guide and Head of the Institution.
- I hereby undertake to refund the entire Scholarship & Contingency amount to the KAHER if I leave the Institution or discontinue the Ph.D. program.
- The information furnished in this application for grant of Scholarships and Contingency by me is correct and true to the best of my knowledge and belief.
- I shall abide by all the Rules & Regulations which are in force and which will be in force from time to time.

Signature

Date : _____

ENDORSEMENT

Certified that the particulars furnished by Shri/Smt./Dr. _____
in this application form to consider for grant of Contingency and Scholarships have been verified and found correct. The application of the aforesaid candidate is forwarded to the KAHER for further consideration.

Date: _____

Signature of the Research Guide

Signature of the Head of the Institution
