

**BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE, PILANI, RAJASTHAN - 333 031
APPLICATION FOR ADMISSION TO PhD ASPIRANT SCHEME**

PART I (ABSTRACT)

Application No. PH _____
(To be filled by Admission Office)

Name of Department in which you wish to apply

Name of BITS Campus in which you wish to apply

Name of candidate: _____

Designation: _____

Organization: _____ City: _____

Nationality: _____

Place of work & Organization. _____

Sex: _____ Age: _____

Broad Topic of Research _____

Academic Record:

Programme	Division	% marks	Year of passing	Board/Univ.	Subjects/Discipline
10 +2					
B.A./B.Sc.					
B.E./B.Pharm/M.A./M.Sc.					
M.E./M.S./M.Pharm.					
Any other degree?					

Supervisor's Details:

Date of birth: _____ Name: _____

Qualifications: _____

Highest Degree: _____ Designation: _____

Discipline: _____ Organization: _____

University: _____ Year of passing: _____

Experience: _____ No. of Year(s): _____

Address: _____

PIN CODE _____

STD Code: _____ Telephone: _____ Fax: _____

Email: _____

Signature of Applicant.....

PlaceDate

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Application No. PH _____

PART II
PH.D. ASPIRANTS INFORMATION

(To be filled in by applicants)

Tick (✓) appropriate boxes and strike off portions not applicable

I. GENERAL

1.1 Full Name in Block letters _____
 (As given in your degree certificate)

1.2 Office Address for Communication : _____

_____ PIN _____

Phone No.: _____ Fax No _____

Email: _____ Mobile No: _____

1.3 Nationality: _____ 1.4 Sex: Male Female

1.5 Date of Birth _____ 1.6 Age (in years): _____ 1.7 Marital status: Single/Married

1.6 Institution last attended as a regular student and years: _____

II. EMPLOYMENT RECORD

2.1 Your Current Designation: _____ Organization _____

Place: _____

2.2 Employment record

Employer	Period		No. of years	Designation and nature of responsibilities
	From	To		

Total experience in completed no. of years: _____ yrs. (Mention experience beyond the qualifying degree)

2.3 In what way your organization collaborate with BITS: Practice School Station/ WILP /Research

(Provide reference to MOU with BITS)

III. ACADEMIC RECORD

3. 1 List your qualifications (beyond H.Sc. /10+2)

Degree	Year of Passing	Duration	Division/ percentage	College/Univ .	On a full/ part time basis	Subjects

3.2 List your degrees/diplomas/memberships awarded by professional societies or correspondence colleges.

Society/ College	Degree/Diploma	Year	Through exam/Professional experience

3.3 Are you holding a higher degree (M.E./M.Phil./M.Pharm. /M.S. etc.) of BITS or its equivalent ?
 (Do not tick (✓) Yes if holding only M.A/M.Sc./MBA./L.L.B/M.B.B.S./B.Pharm.) Yes No
 If yes, give

Higher degree name and discipline _____

University _____ Year of Passing _____

Duration _____ yrs. No. of courses in the degree _____

Completed as a: Full time student Part time student

If No, are your professional attainments equal to the courses of a higher degree of BITS? Yes No
 (Consult Guidelines to Ph.D. Aspirants)

3.4 Outline on a separate sheet of paper claims of your high professional standing and research competence (List and attach documents like research papers, published books, technical reports on innovative product/ process development, etc.)

3.5 What is your motivation for Ph.D. programme (Enter 'Y' against all those applicable).

- (a) To help further career at job
- (b) For personal enrichment
- (c) For the benefit of employer/Organisation
- (d) An avenue for future employment
- (e) Any other, specify _____

IV. ANTICIPATED PLAN FOR Ph.D.

4.1 Place of work (Attach a brief profile of your organization)

City _____ Organisation _____

4.2 Topic of research _____

4.3 Name of proposed supervisor: _____

Designation and Organisation: _____

Qualifications: _____

Nature of his affiliation with your Organization: _____

Name of proposed co- supervisor: _____

Designation and Organization: _____

Qualifications: _____

4.4 Any foreign language other than English required to pursue research in the above topic:

Note: there has to be a supervisor/co-supervisor from the faculty members of any of the BITS, Pilani campuses.

(Enclose one typed copy of the details of your research proposal as per the format mentioned in the guidelines and also enclose copy of supervisor's bio-data and his consent to act as supervisor.)

V. DETAILS FOR Ph.D. QUALIFYING EXAMINATION

5.1 Did you ever get permission to appear in the Qualifying examination? Yes No

If yes, dates of appearing: 1st attempt (month and year) _____

2nd attempt (month and year) _____

Result: Pass Fail

VI. ANY OTHER INFORMATION YOU WISH TO GIVE

VII. DECLARATION BY THE APPLICANT

I have carefully read the instructions and I hereby declare that all the information given and statements made in this application and also in other parts of this form and enclosures are true to the best of my knowledge. I agree to the condition that if any information or statement is found to be wrong, my admission to BITS would automatically be cancelled.

If admitted, I promise to abide by the rules and regulations in force or those that may hereafter be made by the administration of the Institution and I shall do nothing, which will interfere with its orderly working and discipline. In all matters concerning me and all branches of the Institute, the decision of the Vice-Chancellor shall be binding on me.

Place _____

Signature _____

Date _____

Name _____

VIII. EMPLOYER'S RECOMMENDATIONS (To be filled by employer)

8.1 Does your organization have any collaboration with any of the campuses of BITS Pilani? Yes No

If Yes then give details about nature of collaboration:

PSI PSII Work Integrated Learning Program Sponsored research collaboration

Other Give Details _____

8.2 Tick (✓) below the nature of sponsorship being recommended by you:

The Organization is the employer of the student and pays the full fees of the student and also provides the educational facilities for research work.

The Organization is an employer of the student but pays only the part fees amounting to Rs. _____ and provide educational facilities for research work.

The Organization is the employer of the student but does not pay the fees of the student. Nonetheless, the Organization agrees to encourage the special nature of the educational process for the mutual benefit of the Organization and the employee, and provides educational facilities for research work.

8.3 BITS, under the Ph.D. Aspirants scheme, is catering to sponsored candidates of high professional standing and proven professional competence. It is necessary to examine and match the candidate's aspirations with the organizational goals and facilities that the Organization is able to offer. Please answer the following in the above context:

(a) Would the Organization be able to suggest a supervisor from amongst the senior professionals/consultant in the Organization for the conduct of the Ph.D. programme of the candidate? If yes, give name, designation and qualification of the proposed supervisor.

Name _____ Qualification _____

Designation _____ Organization _____

8.4 Declaration by employer (from an authorized individual of the Organization).

This is to certify, that to the best of our understanding, the information provided by Mr./Ms. _____ an employee of this Organization is true. The Organization supports his candidature for Ph.D. degree and will provide the necessary educational facilities for research work.

Date _____ Signature _____

Place _____ Name _____

Designation _____

Name of Organization _____

Seal _____

Check-List of Enclosures by Ph.D. Aspirants. Tick (√) the boxes.

1. Certificate and Mark sheet of Higher degree (HD) courses (M.E./ M. Pharm./ M.S./M.Phil.)
2. List of Textbooks of all HD courses
3. Syllabus of all HD courses
4. Question papers of final examination of HD courses
5. Professional documents for Higher Degree courses (M.Phil. (Applied) Route)
6. Outline of Proposed Topic of Research
7. Supervisor's consent and his biodata
8. Consent of Supervisor's Organization permitting him to act as supervisor
9. Summary and documents describing high professional standing and competence (item 3.4)
10. Profile of your organization
11. Letter of intent of collaboration if not having collaboration at present
12. Any other, specify _____

Note: Please make sure that all the relevant enclosures are attached with the application form. Incomplete applications will be rejected.