



KRISHNA UNIVERSITY, MACHILIPATNAM – 521004
CENTRE FOR RESEARCH STUDIES
Registration for Ph.D. Program for the Academic Year 2024-25
PERSONAL INFORMATION FORM

1. Name (In block letters) :-----
2. Date of Birth :-----
3. Category :-----
4. Admission No. :-----

5. Academic Qualifications :

Examination	Subject	University	Year of Passing	Aggregate (%)
UG				
PG				
M. Phil.				
NET/SLET/GATE				

6. Details of Present Employment:

Name of Place of Employer/Organization	Designation	Duration of Employment		Basic Pay & Pay Scale	Nature of Duties
		From	To		

7. Specific Area of Research:-----

8. Proposed Title of the Research Topic (If, any):-----

9. Research Proposal Attached : YES NO
(Please put a [√] in the appropriate box)

10. Contact Details: Phone / Mobile No.:-----

Email ID :-----

11. Declaration by the Candidate :

I shall abide by the approved research regulations and guidelines of the University, 2024 of the Krishna University, Machilipatnam. The particulars furnished above are correct and complete to the best of my knowledge.

DATE:

SIGNATURE OF THE CANDIDATE