



Admission No.:
(For Office Use Only)

CENTRE FOR RESEARCH STUDIES (CRS)
KRISHNA UNIVERSITY, MACHILIPATNAM – 521004. A.P., INDIA.
REGISTRATION FORM
REGISTRATION FOR Ph.D. FOR ACADEMIC YEAR, 2024-25

FULL TIME	<input type="text"/>	PART-TIME	<input type="text"/>
DEPT.	<input type="text"/>	HT. No.	<input type="text"/>
ADMISSION NO.	<input type="text"/>	RANK	<input type="text"/>

**Affix your Latest
Color
Photograph
(Passport size)**

Name of the Candidate
(In Block letters as per S.S.C Certificate)

Father's Name

Gender: _____ Date of Admission: _____ Blood Group: _____

NATIONALITY: _____ RELIGION: _____ COMMUNITY: _____
(SC []/ST []/BC []/OC []/PH [])

Address for Communication (Present)

(* **Mandatory Requirements**)

Phone:
* Mobile:
* E mail:

Pin code:

Name & Address of Working organization (Present)

(* **Mandatory Requirements**)

Phone:
* Mobile:
* Email:

Pin Code:

Name of the Supervisor:
(With Designation)

Phone:
* Mobile:
*Email:

Name of the Co-Supervisor (If applicable)
(With Designation)

Phone:
* Mobile:
*Email:

Area of Research:

Proposed Research Topic (tentative):

I hereby declare that all the entries made by me in this application are true to the best of my Knowledge and belief.

Place:

Date:

SIGNATURE OF THE CANDIDATE