The Chairperson
Shri Dharmasthala Manjunatheshwara
Research Center for Management Studies (SDM RCMS)
No. 1, Chamundi Hill Road, Siddarthanagar, Mysore – 570011
Tel: +91 821 2429722 | Extn: 1100
Email: sdmrcms@sdmimd.ac.in

# Application Form for Admission to Ph.D. Programme
**(Incomplete forms will not be considered)**

Form No. (for office use only) _____

Registration No. (for office use only) _____

Date of Admission (for office use only) _____

Please Affix Recent Color Passport Size Photograph

## a) Applicant Details

Name _____

Father Name _____

Mother Name _____

Date of Birth _____ Nationality _____

Address for

Correspondence: _____

_____

_____

Telephone No. _____ Mobile No. _____

Email ID _____

## b) Academic Details (Attach attested photocopies)

| Examination | Name of the Institute | Board / University | Year of Passing | Marks (%) or CGPA | Subject(s) / Specialization |
|---|---|---|---|---|---|
| 10th (SSLC) | | | | | |
| 12th (PUC) | | | | | |
| Graduation | | | | | |
| Post Graduation | | | | | |
| Professional Degrees | | | | | |
| State Eligibility Test | | | | | |
| National Eligibility Test | | | | | |
| Any other | | | | | |

*Attach Separate Sheet Wherever Needed*

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**c)  Academic / Professional Awards / Medals / Prizes / Scholarships / Certificates / Honors**

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**d)  Employed** ☐          **Unemployed** ☐          (Please Tick)

(If employed, attach details of Institution(s)/Organization(s) served and No objection certificate from the employer)

In Case of Teachers: Teaching Experience of

UG_____PG_____

**e)   Research Papers / Article Published**

(Please attach the publication details)

**f)   Conferences and Seminars Attended**

(Please attach the details about the conference, seminars, workshops attended)

**g)  Areas of Research Interest**

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**h)  Note on the proposed area of research and reasons for your choice**

(Please attach the requested details)

**i)  Describe how this program will help in achieving your career plans**

(Please attach the requested details)

**j)   Declaration**

(Please read the program brochure and declaration before signing the application form)

*Attach Separate Sheet Wherever Needed*

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## Declaration

1. I declare that all the information given by me in this application form is correct to the best of my knowledge and belief and I understand that false or incomplete information would cause invalidation of the application.
2. I have read and understood the stipulations in the regulations issued by SDMIMD RCMS as regards the Doctroal program, including the clauses regarding undergoing doctoral course work after due reguistration from the Univeristy of Mysore. I understand and agree to:
   a. Two additional courses related to the domain of research scholars should be completed via the recommended online learning platform.
   b. pay the annual fees (presently Rs. 25000 per annum) for the duration of the Doctoral program and
   c. paying a refundable caution deposit (presently Rs,30000), and generally to abide by the rules and regulations of SDMIMD RCMS issued from time to time.
3. I shall abide by the decision of SDM RCMS, SDMIMD, Mysore, in all matters pertaining to admission and administration of the program. The Institute's decision shall be final and binding on me.
4. I shall abide by the rules and regulations of SDM RCMS, SDMIMD, Mysore, if selected.
5. For all matters pertaining to the program where the SDMIMD RCMS regualtations are silent, the relevant provisions of the Univesity of Mysore regulations will apply.
6. For all legal actions, suits and proceedings, the jurisdiction of a court of law shall be deemed to lie exclusively at the place at which the institution is situated and at no other court or place.
7. I understand the contents of this program brochure, application form and particularly this declaration being made here.


**Signature**                                                     **Date**