**PSG INSTITUTE OF TECHNOLOGY AND APPLIED RESEARCH**

Neelambur, Coimbatore 641 062

**APPENDIX – I**

**(Application for availing Research Scholarship)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details** | | | |
| Name | :  ; |  |
| AU Registration No | :  ; |  |
| Address | : |  |
| Mobile No. | :  ; |  |
| Email | :  ; |  |
| Date of joining | :  ; |  |
| Name of the Supervisor | :  ; |  |
| Department of the Supervisor | :  ; |  |
| Name of the Co-Supervisor (if any) | :  ; |  |
| Department of the Co-Supervisor (if any) | :  ; |  |
| Details entered in Laudea software | : | Yes / No |
| Biometric attendance details given | : | Yes / No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Educational Details** | | | | |
|  | **Degree** | **Specialization** | **Year of passing** | **% Marks** |
| UG |  |  |  |  |
| PG |  |  |  |  |
|  | | | | |
|  | **No. of arrears in UG (if any)** | | |  |
|  | **No. of arrears in PG (if any)** | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course work Details** | | | | |
|  | **Course 1** | **Course 2** | **Course 3** | **Course 4** |
| Course Title |  |  |  |  |
| Course offered by (Dept/Inst/NPTEL) |  |  |  |  |
| Core/Elective |  |  |  |  |
| Month / Year |  |  |  |  |

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**Undertaking by the Applicant**

1. This is to certify that the information furnished in the above applications are true to best of my/our knowledge.
2. I/We Will publish findings in SCOPUS / Web of Science Journals during the period, with due acknowledgement of the institution and the institution will be recognized as a first affiliation in all the publications.
3. The intellectual property right of the findings will be published jointly with the Institution (as owner) and investigator(s) (as inventors)
4. I will return the full sanctioned fellowship amount, if any of the above are not complied with.
5. I will **refund** the entire amount of fellowship received by me till the date of his/her leaving the scheme, if I discontinue from the PhD programme, or convert from full time to part time mode.

Date:

Place:

Name and signature of applicant Name and signature of Guide

Name and signature of HoD

|  |  |
| --- | --- |
| **(For Use By Research Advisory Committee)** | |
| 1. Comments | |
| 2. Status of Approval (Approved/Not Approved) |  |

|  |  |
| --- | --- |
| **Date:** | **Name and Signature of Committee Members** |
| **Place:** | **1.** |
|  | **2.** |
|  | **3.** |