

20. DECLARATION OF THE CANDIDATE

This is to certify that the particulars given above, are true, correct and complete to the best of my knowledge and belief.

Place:

Date:

Signature of the candidate

21. PART-TIME REGISTRATION ONLY

CERTIFICATE FROM THE HEAD OF THE ORGANIZATION

i) The candidate will be permitted to be available at Academy of Maritime Education and Training for fulfilling the residential requirements, as per the Regulations.

ii) The required facilities at our University will be provided to the candidate for doing research.

iii) The candidate will be permitted to be available at Academy of Maritime Education and Training, whenever required by the Supervisor to have discussions with him, to attend to the prescribed course works, to conduct experiments and to participate in Seminars/Conferences/Workshops/Symposias/Short Term Courses etc...

Name of the Research Coordinator (Optional) :

Designation :

Signature of the Research Coordinator

Signature of the Head of the Organization

Place :

Date :

Seal of the Organization :

22. CONSENT OF THE SUPERVISOR / GUIDE

(i) SUPERVISOR / GUIDE

a. Name (in BLOCK LETTERS)

b. Address for Communication

(i) Official Address (Do not repeat the Name)

PIN Code State

Country

CERTIFIED that the details furnished above have been verified and found to be correct and I am willing to supervise the candidate's research work.

Place :

Date :

Signature of the Supervisor

(ii) JOINT - SUPERVISOR (Optional)

a. Name (in BLOCK LETTERS)

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b. No. of Ph.D Scholars Supervising

(i) As a Supervisor in Academy of Maritime Education and Training :

(ii) As a Joint-Supervisor in Academy of Maritime Education and Training :

(iii) As a Supervisor/Joint Supervisor in other Universities :

c) Whether the Joint-Supervisor has been recognized by the Academy of Maritime Education and Training to guide. :

If yes, Reference No.

CERTIFIED that I am willing to Supervise the candidate's research work.

Place :

Date :

Signature of the Joint-Supervisor

23. CONSENT OF THE Academy of Maritime Education and Training/HEAD OF THE DEPARTMENT
Consent of the Academy of Maritime Education and Training / Head of the Department in which the candidate works: Yes / No
(For Part-Time (Internal) candidates only)

Place :

Date :

Signature :

Name :

School / Department :

Seal

24. RECOMMENDATION OF THE DIRECTOR-RESEARCH :
Admitted / Not Admitted for Provisional registration in the Ph.D Programme Full-Time / Part-Time (Internal)

DIRECTOR - RESEARCH

25. FORWARDED BY

REGISTRAR

26. APPROVAL OF THE VICE-CHANCELLOR

VICE-CHANCELLOR

NOTE:

1. Duration of the Ph.D. programme is Three years.
2. Monthly Fellowship / Stipend of Rs.8000/- will be given to the selected candidates for the Full Time Ph.D programme with fellowship category candidates.
3. Completed Ph.D Registration form with enclosures and demand draft should be sent to

The Director - Research
Academy of Maritime Education and Training,
135, East Coast Road,
Kanathur - 603 112
Chennai, India

Tel : 044 - 27472155 / 157 Fax : 044 - 27472804