



APPLICATION FOR ADMISSION FOR THE DEGREE OF **DOCTOR OF PHILOSOPHY (Ph.D.)**

APPLICATION FOR: LAW / INTER-DISCIPLINARY (Strike out whichever is not applicable)

		Mobile No:	•••••	• • • • • • • • • • • • • • • • • • • •								
To, THE DIRECTOR Research, Publication and Academic Affairs The Tamil Nadu Dr. Ambedkar Law University, M.G.R. Salai, Near Taramani Railway Station, Perungudi, Chennai – 600 113 Dear Sir/Madam, I hereby submit my application for admission to the Ph.D. program. I confirm that I h not previously been enrolled in any degree program at this or any other university. Below, I provide the necessary academic and personal details: Name in full (in Capital Letters): Date of Birth: Below Male/Female/Transgender Male/Female/Transgender Strike out whichever is not applicable		e-mail id:								Pass	sport Size	е
Research, Publication and Academic Affairs The Tamil Nadu Dr. Ambedkar Law University, M.G.R. Salai, Near Taramani Railway Station, Perungudi, Chennai – 600 113 Dear Sir/Madam, I hereby submit my application for admission to the Ph.D. program. I confirm that I h not previously been enrolled in any degree program at this or any other university. Below, I provide the necessary academic and personal details: Name in full (in Capital Letters): Date of Birth : D D M M Y Y Y Y - Male/Female/Transgender [Strike out whichever is not applicable]		То,								Pho	otograph	
The Tamil Nadu Dr. Ambedkar Law University, M.G.R. Salai, Near Taramani Railway Station, Perungudi, Chennai – 600 113 Dear Sir/Madam, I hereby submit my application for admission to the Ph.D. program. I confirm that I h not previously been enrolled in any degree program at this or any other university. Below, I provide the necessary academic and personal details: Name in full (in Capital Letters): Date of Birth: Below Gender Male/Female/Transgender Male/Female/Transgender			lemi	c Affairs	3							
M.G.R. Salai, Near Taramani Railway Station, Perungudi, Chennai – 600 113 Dear Sir/Madam, I hereby submit my application for admission to the Ph.D. program. I confirm that I h not previously been enrolled in any degree program at this or any other university. Below, I provide the necessary academic and personal details: Name in full (in Capital Letters): Date of Birth: Bull Date of Birth: Male/Female/Transgender [Strike out whichever is not applicable]												
Dear Sir/Madam, I hereby submit my application for admission to the Ph.D. program. I confirm that I h not previously been enrolled in any degree program at this or any other university. Below, I provide the necessary academic and personal details: Name in full (in Capital Letters): Date of Birth: Below, I provide the necessary academic and personal details: Male/Female/Transgender [Strike out whichever is not applicable]		M.G.R. Salai, Near Taramani R Perungudi,			•							
I hereby submit my application for admission to the Ph.D. program. I confirm that I h not previously been enrolled in any degree program at this or any other university. Below, I provide the necessary academic and personal details: Name in full (in Capital Letters): Date of Birth: Below, I provide the necessary academic and personal details: Manue in full (in Capital Letters): Below, I provide the necessary academic and personal details: Manue in full (in Capital Letters): Below, I provide the necessary academic and personal details: Manue in full (in Capital Letters): Below, I provide the necessary academic and personal details: Manue in full (in Capital Letters): Below, I provide the necessary academic and personal details: Manue in full (in Capital Letters): Below, I provide the necessary academic and personal details: Manue in full (in Capital Letters): Below, I provide the necessary academic and personal details:		Chennai – 600 113										
not previously been enrolled in any degree program at this or any other university. Below, I provide the necessary academic and personal details: Name in full (in Capital Letters): Date of Birth: Below, I provide the necessary academic and personal details: Male/Female/Transgender [Strike out whichever is not applicable]		Dear Sir/Madam,										
not previously been enrolled in any degree program at this or any other university. Below, I provide the necessary academic and personal details: Name in full (in Capital Letters): Date of Birth: Below, I provide the necessary academic and personal details: Male/Female/Transgender [Strike out whichever is not applicable]		I hereby submit my applica	ation	for adr	nissio	n to th	ne Ph.	D. pro	ogram	n. I cc	onfirm th	at I h
. Name in full (in Capital Letters) : . Date of Birth : D D M M Y Y Y Y . Gender [Strike out whichever is not applicable] : Male/Female/Transgender		not previously been enrolled in a	ny de	egree p	rograr	n at th	nie or	anv o	ther u	ınivar	city	
. Date of Birth : D D M M Y Y Y . Gender [Strike out whichever is not applicable] : Male/Female/Transgender					9	ii at ti	113 01	arry o	uioi a	11111	Sity.	
. Date of Birth : D D M M Y Y Y . Gender [Strike out whichever is not applicable] : Male/Female/Transgender		Below, I provide the necessary a	cade		_			•		iiiivei	Sity.	
. Gender : Male/Female/Transgender [Strike out whichever is not applicable]		Below, I provide the necessary a	cade		_			•		iiiivei	Sity.	
. Gender : Male/Female/Transgender [Strike out whichever is not applicable]	-		cade		_			•			Sity.	_
[Strike out whichever is not applicable]		Name in full (in Capital Letters) :	_	emic and	d pers	onal o	details	:				_
[Strike out whichever is not applicable]		Name in full (in Capital Letters) :	_	emic and	d pers	onal o	details	:				_
[Strike out whichever is not applicable]		Name in full (in Capital Letters) :	_	emic and	d pers	onal o	details	:				_
. Nationality :		Name in full (in Capital Letters) : Date of Birth	_	emic and	d pers	M	M	Y				_
. Nationality :	•	Name in full (in Capital Letters) : Date of Birth Gender	_	emic and	d pers	M	M	Y				_
		Name in full (in Capital Letters) : Date of Birth Gender [Strike out whichever is not applicable]	_	emic and	d pers	M	M	Y				_

Community : Please Tick the appropriate box and attach self attested Caste Certificate) Open Category SC SC (A) ST MBC/DNC BC(O) BC(M)				••••	•••••		••••••	
Community : Please Tick the appropriate box and attach self attested Caste Certificate) Open Category SC SC (A) ST MBC/ DNC BC(O) BC(M) Reservation for Special Category : (Please Mention Yes / No for the appropriate Category) SI.No. Type of Disability Yes / No 1. Orthopedically Different Abled (OH) 2. Hearing Impaired (Deaf) (H1/HH) 3. Visually Impaired (V1/VIH) 4. Autism, Intellectual Disability, Specific Learning Disability and Mental Illness and 5. Multiple Disabilities from amongst persons				••••	•••••		••••••	••••••
Community : Please Tick the appropriate box and attach self attested Caste Certificate) Open Category SC SC (A) ST MBC/DNC BC(O) BC(M) Reservation for Special Category : (Please Mention Yes / No for the appropriate Category) SI.No. Type of Disability Yes / No 1. Orthopedically Different Abled (OH) 2. Hearing Impaired (Deaf) (H1/HH) 3. Visually Impaired (V1/VIH) 4. Autism, Intellectual Disability, Specific Learning Disability and Mental Illness and 5. Multiple Disabilities from amongst persons	Address for Com	municatio	on :					
Community : Please Tick the appropriate box and attach self attested Caste Certificate) Open Category SC SC (A) ST MBC/DNC BC(O) BC(M)				••••	•••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •
Reservation for Special Category: (Please Mention Yes / No for the appropriate Category) SI.No. Type of Disability Yes / No 1. Orthopedically Different Abled (OH) 2. Hearing Impaired (Deaf) (H1/HH) 3. Visually Impaired (V1/VIH) 4. Autism, Intellectual Disability, Specific Learning Disability and Mental Illness and 5. Multiple Disabilities from amongst persons				••••	•••••		•••••	• • • • • • • • •
Category SC SC (A) ST MBC/DNC BC(O) BC(M)								
Reservation for Special Category: (Please Mention Yes / No for the appropriate Category) SI.No. Type of Disability Yes / No 1. Orthopedically Different Abled (OH) 2. Hearing Impaired (Deaf) (H1/HH) 3. Visually Impaired (V1/VIH) 4. Autism, Intellectual Disability, Specific Learning Disability and Mental Illness and 5. Multiple Disabilities from amongst persons		ropriate bo	: ox and attac	h self at	tested Caste	Certificate)		
SI.No. Type of Disability Yes / No 1. Orthopedically Different Abled (OH) 2. Hearing Impaired (Deaf) (H1/HH) 3. Visually Impaired (V1/VIH) 4. Autism, Intellectual Disability, Specific Learning Disability and Mental Illness and 5. Multiple Disabilities from amongst persons	_	SC	SC (A)	0.7	MBC/			
SI.No. Type of Disability Yes / No 1. Orthopedically Different Abled (OH) 2. Hearing Impaired (Deaf) (H1/HH) 3. Visually Impaired (V1/VIH) 4. Autism, Intellectual Disability, Specific Learning Disability and Mental Illness and 5. Multiple Disabilities from amongst persons	Category		SC (A)	SI	DNC	BC(O)	BC(M)	
Orthopedically Different Abled (OH) Hearing Impaired (Deaf) (H1/HH) Visually Impaired (V1/VIH) Autism, Intellectual Disability, Specific Learning Disability and Mental Illness and Multiple Disabilities from amongst persons	Category		3C (A)	81	DNC	BC(O)	BC(M)	
3. Visually Impaired (V1/VIH) 4. Autism, Intellectual Disability, Specific Learning Disability and Mental Illness and 5. Multiple Disabilities from amongst persons	Reservation for S		tegory :	(Please	Mention Yes / N	No for the app	propriate Catego	ry)
Autism, Intellectual Disability, Specific Learning Disability and Mental Illness and Multiple Disabilities from amongst persons	Reservation for S	Special Ca	tegory :	(Please	Mention Yes / Nability	No for the app	propriate Catego	ry)
Disability and Mental Illness and 5. Multiple Disabilities from amongst persons	Reservation for S	Special Ca	tegory : Type	(Please	Mention Yes / Nability bled (OH)	No for the app	propriate Catego	ry)
5. Multiple Disabilities from amongst persons	Reservation for S SI.No. 1. 2.	Orthoped Hearing	tegory : Type dically Diffe	(Please of Diserent Ab	Mention Yes / N ability bled (OH)	No for the app	propriate Catego	ry)
	SI.No. 1. 2. 3.	Orthoped Hearing Visually I	tegory : Type dically Diffe Impaired (I	(Please e of Diserent Ab Deaf) (F	Mention Yes / Nability bled (OH)	No for the app	propriate Catego	ry)
under above clauses (1) to (4) including deaf-	SI.No. 1. 2. 3.	Orthoped Hearing Visually I Autism, I	tegory : Type dically Diffe Impaired (I	(Please of Diserent Ab Deaf) (F	Mention Yes / Nability bled (OH) H1/HH) ity, Specific L	No for the app	propriate Catego	ry)
	SI.No. 1. 2. 3. 4.	Orthoped Hearing Visually I Autism, I Disability	tegory: Type dically Diffe Impaired (I Impaired (V Intellectual V and Ment	(Please of Diserent Ab Deaf) (F V1/VIH) Disabil al Illnes	Mention Yes / Nability bled (OH) H1/HH) ity, Specific Les and	No for the apple of the apple o	propriate Catego	ry)
blindness identified for each disabilities	SI.No. 1. 2. 3. 4.	Orthoped Hearing Visually I Autism, I Disability Multiple	tegory: Type dically Diffe Impaired (I Impaired (V Intellectual V and Ment Disabilitie	(Please e of Diserent Ab Deaf) (F V1/VIH) Disabil al Illneses es from	Mention Yes / Nability Died (OH) H1/HH) ity, Specific Les and amongst	No for the apple of the apple o	propriate Catego	ry)
	SI.No. 1. 2. 3. 4.	Orthoped Hearing Visually I Autism, I Disability Multiple under ab	tegory: Type dically Diffe Impaired (I Impaired (V Intellectual V and Ment Disabilitie Dove claus	(Please e of Diserent About the Please) (House) Please the Please	Mention Yes / Nability Ded (OH) H1/HH) ity, Specific Less and namongst to (4) includir	No for the apple of the apple o	propriate Catego	ry)

Education Particulars of Degrees previously obtained [Attach Self-Attested copies of Statement of Marks and Certificates (Law)]

Degree	University	Year of Passing	Mode of Study (Regular / Private / Distance)	Subject	Class / Grade	Percentage/ Grade*/ Points
Bachelor's Degree						
Master's Degree						
M/Phil. Degree						
JRF/NET/ TNSET						

- Document mentioning Equivalent Percentage obtained from the appropriate authority to be attached.
 - **a. Education Particulars of Degrees previously obtained** [Attach Self-Attested copies of Statement of Marks and Certificates (Inter-Disciplinary)]

Degree	University	Year of Passing	Mode of Study (Regular / Private / Distance)	Subject	Class / Grade	Percentage/ Grade*/ Points
Bachelor's Degree						
Master's Degree						
M/Phil. Degree						
JRF/NET/ TNSET						

b. Particulars of Publications

Title of the Paper	Name of the Journal*	ISSN No	Publisher, Place & Year of Publication

^{*} Attach first page of Research Article / Journal Cover page / Index highlighting Author Name and Page No.

d. Details of Teaching Experience: (Enclose proof for Teaching Experience from Head of the Institution)

Name of the College	Designation	Subject(s) Taught	Years

e	Details of	Professional	Experience	if any (Attach	necessary	Certificates)
С.	Details Of	FIUICASIUIIAI		. II aliv (Aliacii	HELESSALV	Cennicalest

L

<u> 1. </u>	T
Judges	Years of Experience

II.

Advocates	Years of Experience

Candidates Employed (Research Institutes / Research Department)	Years of Experience

IV.

Nature of Professional Experience	Name of the Institute	Years of Experience

g. Is the Proposed topic of Doctoral Research related to or an expansion of the M.Phil.

Dissertation? : Yes / No

10. Research Proposal : Refer Appendix 'A

In Addition to the submission of this filled in Application Form (Hard copy).

The Candidate is also required to scan this QR code and fill the

Application Coding Sheet (Google Form) compulsorily.



Declaration

I hereby affirm that all the information provided above is accurate to the best of my knowledge. Additionally, I have submitted the completed Application via the Google Form. I have thoroughly reviewed the Prospectus for the Degree of Doctor of Philosophy (Ph.D.) for the academic year 2024-2025 and commit to adhering to its guidelines.

FEE DETAILS:

1. NAME OF THE BANK:			
2. BRANCH:			
3. DD No:			
4. DD AMOUNT:			
5. DATE:			
Thanking you,			
manking you,			
	Yours sincerely,		
Place :			
Date :	SIGNATURE OF THE APPLICANT		