

**THE GANDHIGRAM RURAL INSTITUTE**  
**(DEEMED TO BE UNIVERSITY)**  
Ministry of Education, Govt. of India  
**Accredited by NAAC with 'A' Grade (3<sup>rd</sup> CYCLE)**  
GANDHIGRAM - 624 302, DINDIGUL DISTRICT, TAMIL NADU, INDIA

**Dr.P.ANANDHARAJAKUMAR**  
CONTROLLER OF EXAMINATIONS i/c



Phone/Fax: +91-451-2454222  
EPABX :+91-451-2452371 to 2452376

## NOTIFICATION OF TIME SCHEDULE

**Ph.D. COURSE WORK EXAMINATIONS – May 2024**  
**VENUE: EXAMINATION HALL, GRI**

Date	Day	Time		Subject
		From	To	
27.05.2024	Monday	9.30 AM	12.30 PM	PAPER I - RESEARCH METHODOLOGY
28.05.2024	Tuesday	9.30 AM	12.30 PM	PAPER II - BASIC CONCEPTS AND THEORY IN THE SUBJECT AREA
29.05.2024	Wednesday	9.30 AM	12.30 PM	PAPER III - AREA OF SPECIALIZATION
30.05.2024	Thursday	9.30 AM	11.30 PM	PAPER IV - RESEARCH AND PUBLICATION ETHICS

  
CONTROLLER OF EXAMINATIONS i/c

02/5/24

Copy To.

The Director i/c, Computer Centre – with a request to upload in the GRI website and Intranet.



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**THE GANDHIGRAM RURAL INSTITUTE  
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Sl. No.

Registration No.

**APPLICATION FOR Ph.D. COURSE WORK EXAMINATIONS**  
**[JANUARY/SEPTEMBER 2023 SESSION & EARLIER]**

(to be filled in carefully by the candidate in his/ her own handwriting.

Defective application will be rejected)

**Remittance of examination fees**

Amount Remitted :

Date of remittance :

1. Name (in BLOCK LETTERS) :  
(As in Academic Records)
2. Sex : Male / Female
3. Age and Date of Birth :
4. Community (copy to be attached) : OC/OBC/SC/ST/others
5. Father Name (Proof copy to be attached) :
6. Mother Name (Proof copy to be attached) :
7. Date of Registration for Ph.D. :
8. School/Dept./Centre :
9. Name and Designation of the Research Supervisor:
10. Education qualifications :

Sl.No.	Name of the Examination Passed	Board/University	Month & Year of Passing	Subjects studied	CGPA(or) Percentage of Marks
1	SSLC or Equivalent				
2	H.Sc or Equivalent				
3	UG				
4	PG				
5	M.Phil				

(Self attested copies of the Certificates for each of the above examinations mentioned are to be attached)

.....2

11. Address in Block Letters  
(for all communications) :

12. Contact Phone Numbers (Mobile/Land Line) :

13. E-mail ID :

**14. PARTICULARS OF COURSE WORK EXAMINATIONS APPLIED:**

<b>S.No.</b>	<b>Course Title</b>	<b>Regular/Supplemenatary</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		

**DECLARATION**

I certify that the particulars furnished above are correct and true to the best of my knowledge. In case of any false particulars found, I agree to oblige the action taken by the Institute as per the rules and regulations.

**SIGNATURE OF THE RESEARCH SCHOLAR**

Encl:

**SIGNATURE OF THE  
RESEARCH SUPERVISOR**

**SIGNATURE OF THE  
DEAN/HOD/DIRECTOR**