

Sl. No:

# DMI – ST. EUGENE UNIVERSITY

*(Run by the Sisters of Daughters of Mary Immaculate and Collaborators)*



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## Ph.D.REGISTRATIONFORM

1. Name (in Block Letters) :

2. Sex :  Male  Female

3. Address  
a) Official (with Designation) :

b) Residential :

4. Date of Birth :

5. Nationality :

6. Category :  Full Time  
 Part-Time (Internal)  
 Part-Time (External)

7. Are you employed? :

If Yes, Specify the following  
Name and address of the Employer :

Salary received per month (in USD) :

**8. Academic Background:****(Start with the latest Degree Obtained) (Enclose copies of Degree/Diploma duly attested)**

Sl.No.	Degree/ Diploma	Year of Passing	University	Major Percentage	Discipline of marks
1.					
2.					
3.					
4.					
5.					

**9. Professional Experience:****(Start from the present employment)**

Sl.No.	Organization	Period		Designation	Salary (per annum in USD)	Nature of Job
		From	To			
1.						
2.						
3.						
4.						

**10. Awards/Medals/Prizes and Honors conferred (if any):****11. Major Area of Ph.D. Research :****12. Tentative Topic on which the research is proposed to be conducted (Attach one-page write up on this topic) :****13. Faculty & Department in which the candidate proposes to register :****14. Name, Designation and address of the Research Coordinator (Outside the University) (For Part-time candidates (External) only) :**

Part-time Candidates (External) shall have a Supervisor recognized by DMI - St. Eugene University and in addition, shall have a Research Coordinator at the organization in which they are working.

**15. 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.

**16. Registration for part-time (external) only**

**Certificate from the head of the organization**

- i) The candidate will be permitted to be available, at DMI - St. Eugene University for fulfilling the residential requirements, as per University Regulations.
- ii) The required facilities at our organization will be provided to the candidate for doing research.
- iii) The candidate will be permitted to be available at DMI - St. Eugene University, 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.

**Name of the Research Coordinator** :

**Designation** :

Signature of the Research Coordinator

Signature of the Head of the Organization

Place:

Date:

Seal of the Organization:

**17. Consent of the Supervisor**

**(i) Supervisor**

a) Name (in Block Letters) :

b) Whether the supervisor has been recognized by DMI - St. Eugene University to guide. If yes, University Reference No. :

c) No. of Ph.D. Scholars Supervising  
i) As a Supervisor :

ii) As a Joint-Supervisor :

d) Panel of Names suggested for the Doctoral Committee

**(At least six names, excluding Supervisor, Joint-Supervisor, and Research Coordinator must be given)**

Sl.No.	Name	Area of Research Interest	Designation & Address
1.			
2.			
3.			
4.			
5.			
6.			

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 Supervisor

**(ii) Joint Supervisor**

- a) Name (in Block Letters) :
- b) No. of Ph.D. Scholars Supervising
  - i) As a Supervisor :
  - ii) As a Joint-Supervisor :
- a) Whether the Joint-Supervisor has been recognized by the DMI – St. Eugene University to guide : Yes / No
- If Yes, University Reference No. :

Certified that I am willing to supervise the candidate’s research work.

Place :

Date :

Signature of Joint-Supervisor.

**18. Consent of the Head of the Department and the Dean (PG & Research)**

- a) **Consent of the Head of the Department in which the candidate works** : **Yes / No**  
(For Part-Time (Internal) candidates only)

Place: **Signature** :

Date: **Name** :

**Department** :

- b) **Consent of the Head of the Department where the candidate proposes to register for work** : **Yes/No**

Place: **Signature** :

Date: **Name** :

**Department** :

- c) **Approval of the Dean (PG & Research)** : **Yes/No**

Place: **Signature** :

Date: **Name** :

**19. Recommendations of the Board of Research:**

**Admitted / Not Admitted** for Provisional registration in the Ph.D. Programme **Full-Time / Part-Time (Internal) / Part-Time (External)**.

**Details of Reference Number with date** :

**DEAN (PG & RESEARCH)**