**Joining Report Annexure 11; Version 1, 01 August 2023**

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| **Candidate Details** | |
| Name |  |
| Registration Number |  |
| Department / Institution |  |
| Date of Joining |  |
| Academic Year |  |
| Residential Address with Pin Code |  |
| Mobile Number |  |
| Email ID |  |

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| **Guide Details** |  | **Co-Guide Details (if any)** |
| Name |  |  |
| Designation |  |  |
| Department |  |  |
| Institution |  |  |
| Mobile number |  |  |
| Email ID |  |  |

I am hereby joining MAHE PhD program under National Scholar/Project Fellow/Part-time /Integrated MSc-PhD/MD-MS-PhD/MAHE-Deakin Cotutelle PhD category. *(Tick Mark the appropriate admission)*

I confirm that I have read and understood the rules and regulations of the Ph.D. program of Manipal Academy of Higher Education (MAHE), Manipal. By signing this joining report, I agree to abide by all rules and regulations of MAHE PhD program.

**Candidate signature with date**

The eligibility documents submitted are verified in original at the joining institution and are found genuine

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**Institutional office, signature and seal**

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**Guide Signature with date Co-Guide (if any) Signature with date**

**Signature of the Head of the Department Signature of the Head of the Institution**

**with date & seal with date & seal**

**Note:** Centre for Doctoral Studies (CDS), MAHE will issue Registration letter only on submission & verification of the below listed documents.

1. Joining report (Annexure 11)
2. Undertaking (Annexure 13/15/17/18)

*After verification, PhD coordinator to send hard copy of the above-mentioned documents to* *the CDS within 7 days of joining to:*

The Deputy Director

Centre for Doctoral Studies, Directorate of Research

Ground Floor, Advanced Research Centre

Manipal Academy of Higher Education   
Manipal-576104 |Karnataka |India  
Tel: +918202922017

Email id: [cds.mahe@manipal.edu](mailto:cds.mahe@manipal.edu)

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| **Verification by PhD Coordinator of institution** | | |
| **Documents Verified** | YES | NO |
| Remarks if any  Date: PhD coordinator  Signature and seal  **Note:** Joining report should be sent to CDS | | |

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| **Verification by CDS Faculty Coordinator** | | |
| **Documents Verified** | YES | NO |
| Remarks by CDS:  **Approved to issue registration letter Yes No**  Date:  Deputy Director/Faculty coordinator, CDS  Signature and seal | | |