**Application Format for AcSIR, India – RMIT, Australia Joint Ph.D (Cotutelle) Degree Program (JDP), 2025**

(All fields are mandatory)

(Write “Not Applicable”, if any field is not applicable)

|  |  |
| --- | --- |
| **Personal Details** | |
| Name: |  |
| Male (M)/Female (F)/Third Gender (TG): |  |
| Date of Birth (Age as on date of application): |  |
| Email ID | Mobile No.: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Qualification*** | | | | |  |  |
| *Examinations Passed* | *Program duration* | *University* | *Subject/ Specialization* | *Percentage/ CGPA* | *Class/Division/Grade* | *Percentage of research in the program* |
| *Bachelor’s* |  |  |  |  |  |  |
| *Master’s* |  |  |  |  |  |  |

*Add rows, if required*

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| --- | --- | --- | --- |
| **Information related to AcSIR PhD Program** | | | |
| AcSIR affiliated Research Institute: | |  | |
| AcSIR Enrolment No: | |  | |
| Month & Year of Enrolment for PhD at AcSIR: | |  | |
| Research Fellowship availed & its Funding Agency (please indicate rank with year in case of UGC/ CSIR JRF): | |  | |
| Faculty of Study of AcSIR, under which enrolled for PhD: | |  | |
| Comprehensive examination Yes/No | | (Specify date, if yes) | |
| Tentative PhD thesis title | |  | |
| SCI Publications, if any (give complete bibliographic details): | | | |
| Academic Awards & achievements: | | | |
| AcSIR Supervisor’s details | | Name:  Faculty Designation:  email ID:  Mobile No.: | |
| Have you identified a potential Joint Supervisor at RMIT with whom you wish to pursue your research work : (Yes/No),  If yes, then attach his/her consent email/letter | | If yes, then provide the following information:  Name:  Faculty Designation:  email ID: | |
| **Details of the AcSIR Ph.D Courses completed :** | | | |
| Course code | Course Title | Grade obtained | Year of Passing |
|  |  |  |  |
|  |  |  |  |

*Add rows, if required*

**Recommendation of the AcSIR PhD Supervisor**

**Date: (Signature of the PhD Supervisor)**

**Approval of the Institute Director**

**(Signature of the Director)**

**Date:**

**-------------------------------------------------------------------------------------------------------------------------------**

**To be verified and forwarded to AcSIR-HQ by the Institute’s AcSIR Coordinator:**

**Date: (Signature with Name)**