



Annai College of Arts & Science

Quality Education for Today & Tomorrow
Kovilacheri, Kumbakonam. 612 503. Ph: 0435 2453007

Accredited by NAAC with "B" Grade & Recognized by UGC under Section 2(f) & 12(B)
Affiliated to Bharathidasan University, Tiruchirappalli. E-Mail: acasdmn@gmail.com

ANNAI COLLEGE OF ARTS AND SCIENCE

BHARATHIDASAN UNIVERSITY

Supporting Document 3.3.1

PH.D SCHOLARS APPROVAL FORM



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Bharathidasan University

Palkalaiperur
Tiruchirappalli - 620024

PhD/K9/DR02/191125073303

Date : 25.11.2019

To
Mr. SIVA SHANKAR R(Reg.No: BDU1910370201),
101, Society Street, Thuvakudi Malai,
Anna Arch,
Trichy,
Tiruchirappalli - 620022, India,
Contact No:- 8667238162.

Research Scholar

Madam / Sir,

Sub: Ph.D. Programme Registration Application No: BDU/PhD/19/0389, Dated: 05.09.2019
Ref: The VC's Order dated. 22.11.2019.

I am, by direction to inform you that you have been provisionally registered for Ph.D. Degree under the **Full-Time** Category. As per the Ph.D. Regulations of this University, you have to carryout research work under the Research Supervisor for a minimum period of **Two** Years and a maximum of **Four** Years from the date of registration i.e from **09.12.2019 to 08.12.2023.**

Be it informed that, you will be governed by the regulations, rules and conditions for the Degree of Doctor of Philosophy of this University.

The Subject / Discipline of the Research chosen by you is **BIOTECHNOLOGY** and the broad topic of your Research is
"STUDIES ON THE ANTI-HYPERGLYCEMIC, ANTI-HYPERLIPIDEMIC ,ANTI OXIDANT ANDMOLECULAR DOCKINGANALYSIS OFSOME MEDICINAL PLANTS"

The Subject / Discipline cannot be subsequently changed. You are requested to quote the **Registration Number** cited above in all correspondence with the University regarding your Ph.D. Programme.

Research Centre: DEPARTMENT OF BIOTECHNOLOGY , ANNAI COLLEGE OF ARTS AND SCIENCE, Kovilacheri, Thanjavur - 612503

Yours sincerely

S. Murugesan
26/11/19
DIRECTOR - RESEARCH

Note: 1. With an instruction to remit 18% GST on Application fee to the University
2. with an instruction to remit the one time lumpsum Research fee of **Rs.3000/-** to the University.

Copy to

1.**Dr. MANI P (BDU03743000626),** Assistant Professor, DEPARTMENT OF BIOTECHNOLOGY , ANNAI COLLEGE OF ARTS AND SCIENCE, Anakudi Road, Kumbakonam, Kovilacheri, Thanjavur - 612503.

To proceed to the next level, the supervisor must upload Two Experts (Related to the Research Topic) for the DC-Constitution for the first Doctoral Committee of the Scholar as per the Revised Regulation.
2.The Principal , ANNAI COLLEGE OF ARTS AND SCIENCE, Anakudi Road, Kumbakonam, Kovilacheri, Thanjavur - 612503.



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Affiliated to Bharathidasan University, Tiruchirappalli. E-Mail: acasdmn@gmail.com

08/05/2021

Gmail - Provisional Registration Approval - Mr. RAJENDRAPRASAD KUNAMALLA [Reg.No. BDU2110372779219]



Rajendraprasad Kunamalla <rp9907@gmail.com>

Provisional Registration Approval - Mr. RAJENDRAPRASAD KUNAMALLA [Reg.No. BDU2110372779219]

BDU PhD Section <bduphdsection@gmail.com>
To: rp9907@gmail.com
Cc: princiacs@bdu.ac.in, master.manij@gmail.com

Fri, May 7, 2021 at 12:00 PM



Bharathidasan University

Palkalaiperur

Tiruchirappalli - 620024

PhD/K9/DR02/210507072027
Reg. No. BDU2110372779219

Date : 07.05.2021

To
Mr. RAJENDRAPRASAD KUNAMALLA(Reg.No: BDU2110372779219),
3-38, Peddapuram, Athmakur,
Warangal rural - 506342, India,
Contact No.: 8374319417.

Research Scholar

Madam / Sir,

Ph.D. Programme Registration Application No: BDU/PhD/20/0797, Dated:

Sub :
30.11.2020

Ref : The VC's Order dated. 02.05.2021.

I am, by direction to inform you that you have been provisionally registered for Ph.D. Degree under the **Full-Time** Category. As per the Ph.D. Regulations of this University, you have to carryout research work under the Research Supervisor for a minimum period of **Two** Years and a maximum of **Four** Years from the date of registration i.e from **21,05,2021 to 20,05,2025**.

Be it informed that, you will be governed by the regulations, rules and conditions for the Degree of Doctor of Philosophy of this University.

The Subject / Discipline of the Research chosen by you is **BIOTECHNOLOGY** and the broad topic of your Research is **"STUDIES ON THE ANTI- DIABETIC, ANTI-CANCER, ANTI- INFLAMMATORY AND ANTI-MICROBIAL POTENTIAL OF SOME MEDICINAL PLANTS"**.

The Subject / Discipline cannot be subsequently changed. You are requested to quote the **Registration Number** cited above in all correspondence with the University regarding your Ph.D. Programme.

Research Centre: DEPARTMENT OF BIOTECHNOLOGY , ANNAI COLLEGE OF ARTS AND SCIENCE,
Kovilacheri, Thanjavur - 612503



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08/05/2021

Gmail - Provisional Registration Approval - Mr. RAJENDRAPRASAD KUNAMALLA [Reg.No. BDU2110372779219]

Yours sincerely,

DIRECTOR - RESEARCH

Note: with an instruction to remit the one time lumpsum Research fee of **Rs.3000/-** to the University.

Copy to

1. **Dr. MANI P (BDU03743000626)**, (Supervisor),
Assistant Professor,
BIOTECHNOLOGY,
ANNAI COLLEGE OF ARTS AND SCIENCE,
Kovilachery, Kumbakonam 612 503.

To proceed to the next level, the supervisor must upload Two Experts (Related to the Research Topic) for the DC-Constitution for the first Doctoral Committee of the Scholar as per the Revised Regulation.

2. The Principal ,
ANNAI COLLEGE OF ARTS AND SCIENCE,
Anakudi Road,
Kumbakonam,
Kovilacheri,
Thanjavur - 612503.

3. .



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BHARATHIDASAN UNIVERSITY, TIRUCHIRAPPALLI - 620 024

(Re-accredited with "A" Grade by NAAC)

Phone No: 0431-2407106, Email: ressec@bdu.ac.in

Dr. S. MUTHUSAMY
DIRECTOR (RESEARCH)

Ref.No.010173/Ph.DK9/Biotechnology/P.T / Provi.Regist./August 2019

Date: 26.07.2019

To
Ms. M. Bhuvaneshwari
Assistant Professor
Dept. of Biotechnology
Sona College of Arts and Science
Junction Main Road
Salem - 636 005.

Sir / Madam,

Sub: Ph.D., Programme - Provisional Registration - Reg.

Ref: 1. Ph. D Programme Registration application No:Nil, Dated: 30.11.2018

2. The VC's orders dated: 23.07.2019

I am to inform you that you have been provisionally registered for Ph.D. Degree under the **Part-Time** Category. As per the Ph. D Regulations of this University, you have to carryout Research Work under the Research Supervisor for a Minimum period of **THREE Years** and a **Maximum period of FIVE Years** from the date of registration i.e. from 06.08.2019 to 05.07.2024

I am also to inform you that you will be governed by the regulations, rules and terms conditions for the Degree of Doctor of Philosophy of this University operative at the time of your registration. The regulations framed for the course work of the programme is enclosed along with this order.

The Subject/Discipline of Research chosen by you is **BIOTECHNOLOGY** and the broad topic of your Research is " **STUDY ON PHYTOCHEMICAL, ANTI-DIABETIC, ANTI-HYPERLIPIDEMIC AND MOLECULAR DOCKING OF SOME MEDICINAL PLANTS**"

You are requested to quote the reference number cited above in all correspondence with the University regarding your Ph.D Programme.

Yours sincerely,

S. Muthusamy
Director (Research)

Encl: As above
Note: with an instruction to remit the one time lumpsum Research fee of Rs. 6000/- within Thirty days from the receipt of this letter.

Please quote our reference in all your replies



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BHARATHIDASAN UNIVERSITY

TIRUCHIRAPPALLI - 620 024

Phone No.: 0431-2407092, Fax : 0431-2407045, Email: office@bdu.ac.in

Website : www.bdu.ac.in

(Accredited with "A" Grade by NAAC)

REGISTRAR

Ref.No.14099/Ph.D.K1/Microbiology/Full Time/July 2016/Date: ⁰⁹06.06.2016

To
Ms. B. Suganthi
Research Scholar
Department of Microbiology
Annai College of Arts & Science
Kumbakonam - 612 503.

Madam,

Ref: Ph.D. Programme - provisional registration application No. Nil dt.22.04.2016.

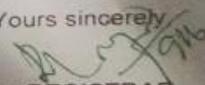
I am to inform you that you have been provisionally registered for the Ph.D. Degree under the **Full Time** category. As per the regulations of this University you have to carryout research work under Research Supervisor for a minimum period of **Two** years and a maximum period of **Four** Years from the date of registration i.e. from **01.07.2016 to 30.06.2020**.

Be it informed that you will be governed by the regulations, rules and conditions for the Degree of Doctor of Philosophy of this University operative at the time of your registration. **The Regulations framed for the course work for the Programme is enclosed along with this letter.**

The Subject/Discipline of Research chosen by you is **Microbiology** and the broad topic of your research is "**STUDIES ON SCREENING, OPTIMIZATION, CHARACTERIZATION AND ENVIRONMENTAL APPLICATION OF BIOSURFACTANT**".

The subject/discipline cannot be subsequently changed. You are requested to quote the reference number cited above in all correspondence with the University regarding your registration.

Yours sincerely


for REGISTRAR

Encl: as above.

P.T.O.

All Communications are to be addressed to the Registrar only
Please quote our reference in all your replies



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அனுப்புநர்

முனைவர் இரா.கலையரசி,
ஆய்வு நெறியாளர் மற்றும் உதவிப்பேராசிரியர்,
தமிழ்த்துறை,
அன்னை கலை மற்றும் அறிவியல் கல்லூரி,
கோவிலாச்சேரி - சும்பகோணம்.

பெறுநர்

இயக்குநர்,
பாரதிதாசன் பல்கலைக்கழகம்,
பல்கலைப் பேரூர், திருச்சிராப்பள்ளி - 620024

ஐயா,

பொருள் : முனைவர்ப்பட்ட ஆய்வு விண்ணப்பம் - அனுப்புதல்
தொடர்பாக.

வழி

முதல்வர், அன்னை கலை மற்றும் அறிவியல் கல்லூரி

வணக்கம். நான் மேற்காணும் கல்லூரியில் உதவிப் பேராசிரியராகப் பணியாற்றி வருகிறேன். என்னுடைய மேற்பார்வையின் கீழ் திருமதி - சி.இந்திரா அவர்கள் தமிழ்த்துறையில் முழுநேர முனைவர்ப்பட்ட ஆய்வினை மேற்கொள்வதற்கான விண்ணப்பம் இணையத்தில் பதிவுசெய்து, அதற்கான விண்ணப்பத்தினை இத்துடன் இணைத்துள்ளேன். இதனை ஏற்றுக் கொண்டு முன்பதிவு (provisional registration) ஆணை வழங்குமாறு கனிவுடன் கேட்டுக்கொள்கிறேன்.


முதல்வர்

Principal,
Annai College of Arts & Science
Kovilacheri, Kumbakonam - 612 503.


ஆய்வு நெறியாளர்

முனைவர். இரா. கலையரசி
உதவிப்பேராசிரியர், தமிழ்த்துறை
அன்னை கலை மற்றும் அறிவியல் கல்லூரி
கோவிலாச்சேரி, சும்பகோணம் - 612502



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7/8/2021

Research Section Management



BHARATHIDASAN UNIVERSITY

TIRUCHIRAPPALLI - 24

APPLICATION FORM FOR ADMISSION AND
PROVISIONAL REGISTRATION FOR THE
DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D.)



Application No. : BDU/PhD/21/0426

Registration No. :

INFORMATION TO BE PROVIDED BY THE CANDIDATE

- Category under which registration is sought : Full-Time Research Scholar
- Discipline / Subject which registration is sought : TAMIL [FACULTY OF LANGUAGES]
- Name of the Candidate : INDIRA C
- Date of Birth & Age : 11.05.1985 & 36 Years
- Sex : Female
- Nationality & Religion : Indian & HINDU
- Community : MBC
- Physically or Visually Challenged : None
- Father's / Guardian's Name & Address : S.CHINNAPPA
9/1. AMMAN KOVIL STREET , VEPPATHUR,
THIRUVIDAIMARUTHUR TK THANJAVUR DT 612105
- Address to which Communication to be sent (with Pincode) : 9/1. AMMAN KOVIL STREET ,
VEPPATHUR,
THIRUVIDAIMARUTHUR TK
THANJAVUR - 612105
TAMILNADU
INDIA
- Phone Number : 9952403142
- FAX : 00
- Mobile Number : 9952403142
- E-mail : vpr.indira@gmail.com
- Aadhaar No. / Voter ID : 246927245879
- Passport No. :
Visa Period :
- Educational Qualification

Course	Institution	Board	Degree & Subject Studied	Mark obtained In Percentage	Month & Year of Passing	Regular / Private Other Study
S.S.L.C. (X Std.)	TAHSS	STATE BOARD	TAMIL	63	MARCH 2000	Regular
HSC(+2)	TAHSS	STATE BOARD	TAMIL	66	MARCH 2002	Regular



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Affiliated to Bharathidasan University, Tiruchirappalli. E-Mail: acasdmn@gmail.com

Course	College	University	Subject Studied	Mark obtained in Percentage	Month & Year of Passing	Regular / Private / Other Study
UG	Govt.College for Women Kumbakonam	BHARATHIDASAN	B.A. TAMIL	59	APR 2005	Regular
Other PG Course	Annamalai university	Annamalai university	M.A.,TAMIL	58	APR-2007	Private
M.Phil.	SKSS College THIRUPANANDAL	BHARATHIDASAN	TAMIL	75	JULY 2012	Regular

Marks / Grades obtained in Post Graduate Programme

Total Marks Obtained	Total Maximum Marks	Percentage of Marks	Class Obtained	CGPA	Overall Grade
580	1000	58	2		

18. Ph.D Registration Qualifying Examination

Qualification Examination : SET - TAMIL
Registration No. : 2804257
Month & Year of Passing : JAN-2017

19. Particular of service (starting from first appointment) for Part-Time candidates

#	Designation	From	To	Institution / Organization	Institution / Organization Email
1					
2					
3					
4					
5					

Total Service : 0 Years

20. Whether the Candidate awarded any fellowship :

21. Name of Sponsor & Address :

Fellowship Amount :

Period of Fellowship :

22. Name & Address of the Department / College / Other place where admission is sought by the candidate to conduct research : DEPARTMENT OF TAMIL, ANNAI COLLEGE OF ARTS AND SCIENCE

23. Whether the registration is sought in interdisciplinary area in addition to your PG degree :



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Affiliated to Bharathidasan University, Tiruchirappalli. E-Mail: acasdmn@gmail.com

Research Section Management

24. Broad Topic : பெண்ணிய நோக்கில் திலகவதியின் குறுநாவல்கள்

25. Name, Address & Date of super-annuation of the Supervisor / Guide : KALAIYARASI R
Assistant Professor
DEPARTMENT OF TAMIL
ANNAI COLLEGE OF ARTS AND SCIENCE
01.07.2040
Mobile No. : 9626228366
E-mail ID : selvasurya81@gmail.com

26. Total number Ph.D. scholars working under the Supervisor :

Full-Time	Part-Time

27. Name, Address & Date of super-annuation of the Co-Supervisor / Co-Guide if any (for Inter-disciplinary areas) :

28. Name, Address of the Co-Supervisor / Co-Guide if any (for Part-Time) :

29. Payment Details

DD No.	DD Date	DD Amount
957458	2021-07-08	4000

Bank Name	Branch Name
INDIAN BANK	SHOLAPURAM

Signature of the applicant :

Signature of the Head of the University Department / College Department :

Signature of the Research Supervisor / Guide :

Signature of the Head of the Institution / Principal :

* Close Print
செல்வசூரியன்
குறுநாவல்கள்
ஆசிரியர் கலை மற்றும் அறிவியல் கல்வி
பெண்ணிய நோக்கில் திலகவதியின் குறுநாவல்கள் - 612 503



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12/28/2020

Research Section Management



BHARATHIDASAN UNIVERSITY

TIRUCHIRAPPALLI - 24

APPLICATION FORM FOR ADMISSION AND
PROVISIONAL REGISTRATION FOR THE
DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D.)



Application No. : BDU/PhD/20/0820

Registration No. :

INFORMATION TO BE PROVIDED BY THE CANDIDATE

- Category under which registration is sought : Full-Time Research Scholar
- Discipline / Subject which registration is sought : TAMIL [FACULTY OF LANGUAGES]
- Name of the Candidate : NANDHINI N
- Date of Birth & Age : 04.09.1989 & 30 Years
- Sex : Female
- Nationality & Religion : Indian & HINDU
- Community : BC
- Physically or Visually Challenged : None
- Father's / Guardian's Name & Address : NILAVALAGAN
2/122,METTU STREET, PAYARI, VILATHUR PO
VALANGAIMAN TK THIRUVARUR 612802
- Address to which Communication to be sent (with Pincode) : ...
...
...
- Phone Number : ...
- FAX : ...
- Mobile Number : 9751102971
- E-mail : nandhiniammu0401@gmail.com
- Aadhaar No. / Voter ID : 235810687680
- Passport No. : ...
- Visa Period : ...
- Educational Qualification

Course	Institution	Board	Degree & Subject Studied	Mark obtained in Percentage	Month & Year of Passing	Regular / Private Other Study
S.S.L.C. (X Std.)	SWAMI DAYANDA HSS MANJAKUDI	STATE BOARD	10	460	APRIL 2004	Regular
HSC(+2)	A A GOVT HSS KUMBakonam	STATE BOARD	12	988	MARCH 2006	Regular



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12/28/2020 Research Section Management

Course	Institution	Board	Degree & Subject Studied	Mark obtained in Percentage	Month & Year of Passing	Regular / Private / Other Study
UG	ANNAMALAI UNIVERSITY CHIDAMBARAM	ANNAMALAI UNIVERSITY CHIDAMBARAM	B.Lit Tamil	546	MAY 2016	Private
Other PG Course	MANONMANIAM SUNDARANAR UNIVERSITY THIRULNELVELI	MANONMANIAM SUNDARANAR UNIVERSITY THIRULNELVELI	M.A TAMIL	682	DEC 2018	Private
M.Phil.						

Marks / Grades obtained in Post Graduate Programme

Total Marks Obtained	Total Maximum Marks	Percentage of Marks	Class Obtained	CGPA	Overall Grade
682	1000	68.2	I	0	A

18. Ph.D Registration Qualifying Examination
 Qualification Examination : Entrance - TAMIL
 Registration No. : 2010361014
 Month & Year of Passing : October, 2020

19. Particular of service (starting from first appointment) for Part-Time candidates

#	Designation	From	To	Institution / Organization	Institution / Organization Email
1					
2					
3					
4					
5					

Total Service : 0 Years

20. Whether the Candidate awarded any fellowship :

rsm.bdu.ac.in/research/OnlineApplication/applicationPrint/print_new/10817/2 2/3



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Affiliated to Bharathidasan University, Tiruchirappalli. E-Mail: acasdmn@gmail.com

12/28/2020

Research Section Management

21. Name of Sponsor & Address :
Fellowship Amount :
Period of Fellowship :
22. Name & Address of the Department / College / Other place where admission is sought by the candidate to conduct research : DEPARTMENT OF TAMIL, ANNAI COLLEGE OF ARTS AND SCIENCE
23. Whether the registration is sought in interdisciplinary area in addition to your PG degree :
24. Broad Topic : கி.வா.ஜகந்நாதன் படைப்புகளில் காட்சி படங்கள்
25. Name, Address & Date of super-annuation of the Supervisor / Guide : KALAIYARASI
Assistant Professor
DEPARTMENT OF TAMIL
ANNAI COLLEGE OF ARTS AND SCIENCE
01.07.2040
Mobile No. : 9626228366
E-mail ID : selvasurya81@gmail.com

26. Total number Ph.D. scholars working under the Supervisor :

Full-Time	Part-Time

27. Name, Address & Date of super-annuation of the Co-Supervisor / Co-Guide if any (for inter-disciplinary areas) :

28. Name, Address of the Co-Supervisor / Co-Guide if any (for Part-Time) :

29. Payment Details

DD No.	DD Date	DD Amount
906972	2020-12-28	4000

Bank Name IOB Branch Name SHOLAPURAM

N. Nandha
Signature of the applicant

Dr. Selvasurya 14/12/2020
Signature of the Research Supervisor / Guide

முனைவர். சீரா. சைவசூரியா
உதவிப் பேராசிரியர், தமிழ்த்துறை
அக்ஷர கலை மற்றும் அறிவியல் கல்லூரி
கோவிலாச்சேரி, கும்பகோணம் - 612502

Signature of the Head of the Institution / Principal

Signature of the Head of the University Department / College Department

ச. சாதகமையலா
குயித்துறை
அக்ஷர கலை மற்றும் அறிவியல் கல்லூரி,
கோவிலாச்சேரி, கும்பகோணம் - 612 503



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KOVILACHERI, KUMBakonam - 612 503.



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Affiliated to Bharathidasan University, Tiruchirappalli. E-Mail: acasdmn@gmail.com

அனுப்புநர்

முனைவர் இரா.கலையரசி,
ஆய்வு நெறியாளர் மற்றும் உதவிப்பேராசிரியர்,
தமிழ்த்துறை,
அன்னை கலை மற்றும் அறிவியல் கல்லூரி,
கோவிலாச்சேரி - கும்பகோணம்.

பெறுநர்

இயக்குநர்,
பாரதிதாசன் பல்கலைக்கழகம்,
பல்கலைப் பேரூர், திருச்சிராப்பள்ளி - 620024

ஐயா,

பொருள் : முனைவர்ப்பட்ட ஆய்வு விண்ணப்பம் - அனுப்பியது
தொடர்பாக.

வணக்கம். நான் மேற்காணும் கல்லூரியில் உதவிப் பேராசிரியராகப் பணியாற்றி வருகிறேன். என்னுடைய மேற்பார்வையின் கீழ் திருமதி நி. நந்தினி அவர்கள் தமிழ்த்துறையில் முழுநேர முனைவர்ப்பட்ட ஆய்வினை மேற்கொள்வதற்கான விண்ணப்பம் இணையத்தில் பதிவுசெய்ததில் விடுப்பட்டு இருந்த, துறைசார் ஆய்வுக்குழுவின் பரிந்துரிந்துறையும் (DRC), ஆய்வுத்திட்ட அறிக்கையும், இளங்கலை, முதுகலைப் பட்டங்களையும் பதிவு செய்துள்ளதோடு அதற்கான விண்ணப்பத்தினையும் இத்தடன் இணைத்துள்ளேன். இதனை ஏற்றுக் கொண்டு முன்பதிவு (provisional registration) ஆணை வழங்குமாறு கனிவுடன் கேட்டுக்கொள்கிறேன்.

Annai

ஆய்வு நெறியாளர்

முனைவர். இரா. கலையரசி
உதவிப்பேராசிரியர், தமிழ்த்துறை
அன்னை கலை மற்றும் அறிவியல் கல்லூரி
கோவிலாச்சேரி, கும்பகோணம் - 612502



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Affiliated to Bharathidasan University, Tiruchirappalli. E-Mail: acasdmn@gmail.com

அனுப்புநர்:

நாள்: 26.08.2020

முதல்வர்
அன்னை கலை மற்றும் அறிவியல் கல்லூரி,
கோவிலாச்சேரி-கும்பகோணம்-612503

பெறுநர்:

இயக்குநர்
பாரதிதாசன் பல்கலைக்கழகம்,
திருச்சிராப்பள்ளி.

ஐயா,

பொருள்: முனைவர்ப்பட்ட ஆய்வு பகுதிநேரம் - மாணவரைத் தேர்வு செய்து பரிந்துரைத்தல் தொடர்பாக.

பார்வை: பல்கலைக்கழக முனைவர்ப்பட்ட விதிமுறை 5.1.

திருமதி. அ.மேரிஇசபெல்லா என்பவருக்குரிய பகுதிநேர முனைவர்ப்பட்ட ஆய்வில் சேர்வதற்கு உரிய எழுத்துத்தேர்வு மற்றும் வாய்மொழித் தேர்வு ஆகியன நடத்தி முடிக்கப்பட்டன.

1. முனைவர் இரா. கலையரசி - ஆய்வு நெறியாளர்
2. முனைவர் ஜே. லொயோலா பிரிஸ் - துறைத்தலைவர்
3. முனைவர் ச. ஆதிசக்தி - உதவிப்பேராசிரியர்

ஆகியோர் தேர்வுக் குழுவினராக இருந்து அவர்கள் அளித்துள்ள அறிக்கையின்படி திருமதி. அ.மேரிஇசபெல்லா பகுதிநேர முனைவர்ப்பட்ட ஆய்வின் மேற்கொள்வதற்கான முழுத் தகுதியையும் பெற்றிருக்கிறார். எனவே அவர் எங்கள் கல்லூரியில் ஆய்வு செய்வதற்கு ஒப்புதல் அளிப்பதோடு பல்கலைக்கழகத்தில் அவர் முன்பதிவு (Provisional Registration) செய்து கொள்ள அனுமதி அளிக்கலாம் எனவும் பரிந்துரை செய்கிறேன். இவர் ஆய்வு பல்கலைக்கழக விதிமுறைக்கு உட்பட்டு இடம் இருக்கிறது எனவும் தெரிவித்துக் கொள்கிறேன்.

அ.மேரிஇசபெல்லா
ஆய்வு நெறியாளர்

முனைவர். இரா. கலையரசி
உதவிப்பேராசிரியர், துறைத்தலைவர்
அன்னை கலை மற்றும் அறிவியல் கல்லூரி
கோவிலாச்சேரி-கும்பகோணம் - 612502

ஜே. லொயோலா பிரிஸ்
துறைத்தலைவர்
ANNAI COLLEGE OF ARTS & SCIENCE
Kovilacheri, Kumbakonam - 612 503.

முதல்வர்

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II. INFORMATION TO BE PROVIDED BY THE RESEARCH SUPERVISOR

- Name and Address of the :Dr.R.KALAIYARASI
Research Supervisor
Asst.Prof.in Tamil, Annai College of Arts & Science, Kovilacheri,
Kumbakonam, Thanjavur.Dt. Pin:612503
Mobile No. :9944384945
E-Mail id :selvasuriya81@gmail.com
- Date of Birth : 08.06.1979 Date of Retirement: 2038
- The Subject, Reference Number :TAMIL/ Ref.No.21810/Ph.D.K&Tamil/RA,Recog./Date:15.10.2018
And Date of this office communication
Recognizing the Research
Supervisor / Guide and Co-guide



- Name of the Candidate : MARYISABELLA A
(to whom you are willing to guide)
- Total number of candidates currently working in Ph.D. and M.Phil. under the research supervisor, including the candidates of other Universities, if any

Full-Time				Part-Time			
Ph.D.		M.Phil.		Ph.D.		M.Phil.	
Bharathidasan Univ.	Other Univ.	Bharathidasan Univ.	Other Univ.	Bharathidasan Univ.	Other Univ.	Bharathidasan Univ.	Other Univ.

Sl. No.	Name of the Ph.D. Candidates	University in which registered	Month & Year of Registration	Full-Time or Part-Time
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Dr. Kalaiyarasi
Signature of the
Research Supervisor
with date and seal

செல்வசுரியா
ஆசிரியர்
கலை அறிவியல் துறை
கொயிலாச்சேரி - 612503

[Signature]
Signature of the
Head of the Department
with date and seal



Signature of the Co-Guide
with date and seal (if applicable)

[Signature]
Signature of the Principal /
Head of the Institution
with date and seal

PRINCIPAL,
ANNAI COLLEGE OF ARTS & SCIENCE
KOVILACHERI, KUMBakonam-612503.



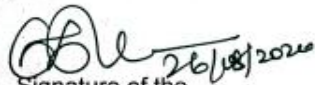
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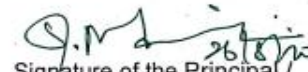
III. INFORMATION TO BE PROVIDED BY THE PRINCIPAL / HEAD OF THE INSTITUTION

1. Name of the Department : TAMIL / Annai College of Arts & Science, Kovilacheri, Kumbakonam
where Research has to be conducted
2. The Reference Number and Date of this: Ref.No:25689/02/2015 Date:28.01.2016
office communication Recognizing the
Department for pursuing Ph.D. Research
3. Number of Ph.D. research supervisors : Yes
available at present in the department
4. Sanctioned strength of Ph.D. scholars : 01
in the department as per regulations
5. Number of Ph.D. scholars available : 01
in the department at present


Signature of the
Head of the Department
with date and seal

ANNAI COLLEGE OF ARTS & SCIENCE
Kovilachery, Kumbakonam - 612 503.




Signature of the Principal
with date and seal

PRINCIPAL
ANNAI COLLEGE OF ARTS & SCIENCE
KOVILACHERI, KUMBakonam-612503.



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8/31/2020

Research Section Management



BHARATHIDASAN UNIVERSITY

TIRUCHIRAPPALLI - 24

APPLICATION FORM FOR DOCTOR OF PHILOSOPHY (Ph.D.) DRC



INFORMATION TO BE PROVIDED BY THE CANDIDATE

- Category under which registration is sought : Part-Time Research Scholar
- Discipline / Subject which registration is sought : TAMIL [FACULTY OF LANGUAGES]
- Name of the Candidate : MARYISABELLA A
- Date of Birth & Age : 16.05.1970 & 50 Years
- Sex : Female
- Nationality & Religion : Indian & Christian
- Community : BC
- Physically or Visually Challenged : None
- Address to which Communication to be sent (with Pincode) : PANCHAYAT UNION MIDDLE SCHOOL
SERUVALUR, NANNILAM
NANNILAM
THIRUVARUR - 609502
TAMILNADU
INDIA
- Mobile Number : 9786760729
- E-mail : selvasurya81@gmail.com
- Passport No. :
Visa Period :
- Educational Qualification

Course	College	University	Degree & Subject Studied	Mark obtained in Percentage	Month & Year of Passing	Regular / Private Other Study
UG	Annamalai University	Annamalai University, Chithamparam	B.Lit., Tamil	56.13	MAY.1998	Private
Other PG Course	Annamalai University	Annamalai University, Chithamparam	M.A., TAMIL	60	MAY.2003	Private
M.Phil.	Annamalai University	Annamalai University, Chithamparam	M.Phil., Tamil	60	DEC.2004	Private

Marks / Grades obtained in Post Graduate Programme

Total Marks Obtained	Total Maximum Marks	Percentage of Marks	Class Obtained	CGPA	Overall Grade
600	1000	60	I	0	0

14. Ph.D Registration Qualifying Examination
Qualification Examination : -

rsm.bdu.ac.in/preScholar/PreApplication/applicationPartialPrint/print/10087/2

1/2



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Registration No. :
Month & Year of Passing :

15. Particular of service (starting from first appointment) for Part-Time candidates

#	Designation	From	To	Institution / Organization	Institution / Organization Email
1	BT Asst	31/07/1995	16/08/2018	Panchayat Union Middle School Seruvalur, Nannilam	selvasurya81@gmail.com
2					
3					
4					
5					

Total Service : 25 Years

16. Whether the Candidate awarded any fellowship :

17. Name of Sponsor & Address :

Fellowship Amount :

Period of Fellowship :

18. Name & Address of the Department / College / Other place where admission is sought by the candidate to conduct research : DEPARTMENT OF TAMIL, ANNAI COLLEGE OF ARTS AND SCIENCE

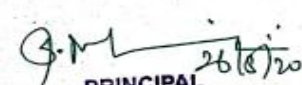
19. Whether the registration sought is in your Main discipline in which you have obtained your master's degree or in interdisciplinary areas : No

20. Broad Topic : பிறைகுடன் கவிதைகளில் சமுதாயச் சிந்தனைகள்

21. Name, Address & Date of super-annuation of the Supervisor / Guide : KALAIYARASI R
Assistant Professor
DEPARTMENT OF TAMIL
ANNAI COLLEGE OF ARTS AND SCIENCE
01.07.2040
Mobile No. : 9626228366
E-mail ID : selvasurya81@gmail.com

27. Name, Address & Date of super-annuation of the Co-Supervisor / Co-Guide if any (for Inter-disciplinary areas) :

28. Name, Address of the Co-Supervisor / Co-Guide if any (for Part-Time) : nil


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ANNAI COLLEGE OF ARTS & SCIENCE
KOVILACHERI, KUMBAKONAM-612503.


Signature of the applicant



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Affiliated to Bharathidasan University, Tiruchirappalli. E-Mail: acasdmn@gmail.com

Annexure 3

*This Certificate is printed in the letterhead of the Head of the Institution / Employer,
then submit along with this Application for Part-time candidates*

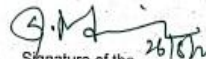
NO OBJECTION CERTIFICATE To be filled by the Employer

This is to certify that Mr. / Ms. MARYISABELLA A is working as
Panchayat Union Middle School, Servalur, Nannilam _____ in the Department
of _____ BT.Asst. _____ in this Institute / College / Organization

We have **No Objection** in permitting him / her to do Ph.D. course under Part-Time programme of
Bharathidasan University.

Place: Kovilacheri
Date: 26/08/2020




Signature of the
Head of the Institution / Employer
with office seal

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Annexure 1

This Certificate is printed in the letterhead of the Principal / Head of the Institution then submit along with this Application

CERTIFICATE FOR PROVIDING FACILITIES

This is to certify that the candidate, Mr. / Ms. MARYISABELLA.A will
be given necessary facilities to do Full-Time / Part-Time research work in the Department of
TAMIL

Place: Kovilacheri
Date: 26/08/2020



G.M. [Signature] 26/8/2020
Signature of the Principal / Director /
Head of the University Department

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BHARATHIDASAN UNIVERSITY

TIRUCHIRAPPALLI - 24

APPLICATION FORM FOR DOCTOR OF PHILOSOPHY (Ph.D.) DRG



INFORMATION TO BE PROVIDED BY THE CANDIDATE

1. Category under which registration is sought : Full-Time Research Scholar
2. Discipline / Subject which registration is sought : TAMIL [FACULTY OF LANGUAGES]
3. Name of the Candidate : DHIVYA R
4. Date of Birth & Age : 30.06.1989 & 32 Years
5. Sex : Female
6. Nationality & Religion : Indian & HINDU
7. Community : SC
8. Physically or Visually Challenged : None
9. Address to which Communication to be sent (with Pincode) : 857, KOLLAM PILLAIYAR KOVIL
THIRUVEESANALLUR,
THIRUVIDAIMARUTHUR TALLUK
THANJAVUR - 612105
TAMILNADU
INDIA
10. Mobile Number : 9787146418
11. E-mail : dhivya.300689@gmail.com
12. Passport No. :
Visa Period :
13. Educational Qualification

Course	College	University	Degree & Subject Studied	Mark obtained in Percentage	Month & Year of Passing	Regular / Private / Other Study
UG	DHARMAPURAM ADINAM ARTS COLLEGE	BHARATHIDASAN UNIVERSITY	BLIT TAMIL	66.47	APRIL 2010	Regular
Other PG Course	POOMPURHAR COLLEGE	BHARATHIDASAN UNIVERSITY	MA TAMIL	75.22	APRIL 2013	Regular
M.Phil.						

Marks / Grades obtained in Post Graduate Programme

Total Marks Obtained	Total Maximum Marks	Percentage of Marks	Class Obtained	CGPA	Overall Grade
1433	1900	75.22	FIRST CLASS	7.72	D

14. Ph.D Registration Qualifying Examination

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Affiliated to Bharathidasan University, Tiruchirappalli. E-Mail: acasdmn@gmail.com

Qualification Examination : Entrance - TAMIL

Registration No. : 2102361079

Month & Year of Passing : February, 2021

15. Particular of service (starting from first appointment) for Part-time candidates

#	Designation	From	To	Institution / Organization	Institution / Organization Email
1					
2					
3					
4					
5					

Total Service : 0 Years

16. Whether the Candidate awarded any fellowship :

17. Name of Sponsor & Address :

Fellowship Amount :

Period of Fellowship :

18. Name & Address of the Department / College / Other place where admission is sought by the candidate to conduct research : DEPARTMENT OF TAMIL,
ANNAI COLLEGE OF ARTS AND SCIENCE

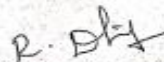
19. Whether the registration sought is in your Main discipline in which you have obtained your master's degree or in interdisciplinary areas : No

20. Broad Topic : திறனாய்வு நோக்கில் அத்துல் ரகுமான் கவிதைகள்

21. Name, Address & Date of super-annuation of the Supervisor / Guide : SENTHIL R
Assistant Professor
DEPARTMENT OF TAMIL
ANNAI COLLEGE OF ARTS AND SCIENCE
15.06.2040
Mobile No. : 9384347061
E-mail ID : drsenthilphd80@gmail.com

27. Name, Address & Date of super-annuation of the Co-Supervisor / Co-Guide if any (for inter-disciplinary areas) :

28. Name, Address of the Co-Supervisor / Co-Guide if any : (for Part-Time)


Signature of the applicant



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BHARATHIDASAN UNIVERSITY

TIRUCHIRAPPALLI - 24

APPLICATION FORM FOR DOCTOR OF PHILOSOPHY (PH.D.) DRC



INFORMATION TO BE PROVIDED BY THE CANDIDATE

1. Category under which registration is sought : Full-Time Research Scholar
2. Discipline / Subject which registration is sought : TAMIL [FACULTY OF LANGUAGES]
3. Name of the Candidate : SEETHADEVI P
4. Date of Birth & Age : 03.04.1982 & 40 Years
5. Sex : Female
6. Nationality & Religion : Indian & HINDU
7. Community : SC
8. Physically or Visually Challenged : None
9. Address to which Communication to be sent (with Pincode) : 3-349-1, EAST STREET
OLAIPADI, PAPANASAM TALUK
THANJAVUR - 612301
TAMILNADU
INDIA
10. Mobile Number : 9787135366
11. E-mail : pseethadevi31@gmail.com
12. Passport No. :
Visa Period :
13. Educational Qualification

Course	College	University	Degree & Subject Studied	Mark obtained in Percentage	Month & Year of Passing	Regular / Private / Other Study
UG	GOVERNMENT COLLEGE FOR WOMEN	BHARATHIDASAN UNIVERSITY	BA TAMIL	52	APR 2005	Regular
Other PG Course	TAMILAVEL UMAMAHESWARANAR KARANATHAI ARTS COLLEGE	BHARATHIDASAN UNIVERSITY	MA TAMIL	69.44	APR 2007	Regular
M.Phil.					"	

Marks / Grades obtained in Post Graduate Programme

Total Marks Obtained	Total Maximum Marks	Percentage of Marks	Class Obtained	CGPA	Overall Grade
1324	1900	69.44	FIRST CLASS	7.12	A++

14. Ph.D Registration Qualifying Examination
Qualification Examination

: Entrance - TAMIL



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Affiliated to Bharathidasan University, Tiruchirappalli. E-Mail: acasdmn@gmail.com

Registration No. : 2102361043
Month & Year of Passing : February, 2021

15. Particular of service (starting from first appointment) for Part-Time candidates

#	Designation	From	To	Institution / Organization	Institution / Organization Email
1					
2					
3					
4					
5					

Total Service : 0 Years

16. Whether the Candidate awarded any fellowship :

17. Name of Sponsor & Address :

Fellowship Amount :

Period of Fellowship :

18. Name & Address of the Department / College / Other place where admission is sought by the candidate to conduct research : DEPARTMENT OF TAMIL,
ANNAI COLLEGE OF ARTS AND SCIENCE


19. Whether the registration sought is in your Main discipline in which you have obtained your master's degree or in Interdisciplinary areas : No

20. Broad Topic : ஸக்தி படைப்புகளில் பெண்கள்

21. Name, Address & Date of super-annuation of the Supervisor / Guide : SENTHIL R
Assistant Professor
DEPARTMENT OF TAMIL
ANNAI COLLEGE OF ARTS AND SCIENCE
15.06.2040
Mobile No. : 9384347061
E-mail ID : drsenthilphd80@gmail.com

27. Name, Address & Date of super-annuation of the Co-Supervisor / Co-Guide if any (for inter-disciplinary areas) :

28. Name, Address of the Co-Supervisor / Co-Guide if any : (for Part-Time)


Signature of the applicant



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Affiliated to Bharathidasan University, Tiruchirappalli. E-Mail: acasdmn@gmail.com

II. INFORMATION TO BE PROVIDED BY THE RESEARCH SUPERVISOR



1. Name and Address of the Research Supervisor :Dr.R.SENTHIL

Mobile No. :9384347061
E-Mail id :drsenthilphd80@gmail.com

2. Date of Birth :16.06.1980 Date of Retirement:01.07.2040

3. The Subject, Reference Number :TAMILநகலகல்38090/முப.2/தமிழ்/ஆடுந.அ/நாள்21.12.2010
And Date of this office communication Recognizing the Research Supervisor / Guide and Co-guide

4. Name of the Candidate :P.SEETHADEVI
(to whom you are willing to guide)

5. Total number of candidates currently working in Ph.D. and M.Phil. under the research supervisor, including the candidates of other Universities, if any

Full-Time				Part-Time			
Ph.D.		M.Phil.		Ph.D.		M.Phil.	
Bharathidasan Univ.	Other Univ.	Bharathidasan Univ.	Other Univ.	Bharathidasan Univ.	Other Univ.	Bharathidasan Univ.	Other Univ.

Sl. No.	Name of the Ph.D. Candidates	University in which registered	Month & Year of Registration	Full-Time or Part-Time
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Signature of the Research Supervisor with date and seal
17.03.22
அ. சேந்தில்
தமிழ் உயராய்வுத் துறைத் தலைவர்
அன்னை கலை மற்றும் அறிவியல் கல்லூரி
கோவிலாச்சேரி, கும்பகோணம் - 612 503.

Signature of the Head of the Department with date and seal
17/03/22
தமிழ் உயராய்வுத் துறைத் தலைவர்
அன்னை கலை மற்றும் அறிவியல் கல்லூரி
கோவிலாச்சேரி,
கும்பகோணம் - 612 503.

Signature of the Co-Guide, with date and seal (if applicable)

Signature of the Principal / Head of the Institution with date and seal
Principal

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Kovilacheri, Kumbakonam-612 503




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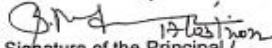
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Affiliated to Bharathidasan University, Tiruchirappalli. E-Mail:acasdmn@gmail.com

III. INFORMATION TO BE PROVIDED BY THE PRINCIPAL / HEAD OF THE INSTITUTION

1. Name of the Department where Research has to be conducted :TAMIL/ANNAI COLLEGE OF ARTS & SCIENCE KOVILACHERI,KUMBAKONAM
2. The Reference Number and Date of this:Ref.No.25689/D2/2015/ Date:28.01.2016
office communication Recognizing the Department for pursuing Ph.D. Research
3. Number of Ph.D. research supervisors :03
available at present in the department
4. Sanctioned strength of Ph.D. scholars :YES
in the department as per regulations
5. Number of Ph.D. scholars available :-
in the department at present


17/03/2022

Signature of the
Head of the Department
with date and seal
தமிழ் உயராய்வுத் துறைத் தலைவர்
அர்ஜுன கலை மற்றும் அறிவியல் கல்லூரி
கோவில்லாச்சேரி,
கும்பகோணம் - 612 503.


17/03/2022
Signature of the Principal /
Head of the Institution
with date and seal
Principal

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Kovilachery, Kumbakonam-612 503



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Centre Code : 146 Reg.No. 36747-26-D-TDM



Code no. 23LAS : S.No.



பாரதிதாசன் பல்கலைக்கழகம் BHARATHIDASAN UNIVERSITY

(Accredited with A+ Grade by NAAC in the Third Cycle)

(Established by the Government of Tamil Nadu in 1982; Recognized by UGC under 2(f) and 12(B) of UGC Act;
Member, Association of Indian Universities and Association of Commonwealth Universities)

இந்தியமொழிப் புலமும் பிறமொழிப் புலமும் FACULTY OF INDIAN AND OTHER LANGUAGES

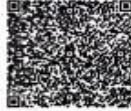


பாரதிதாசன் பல்கலைக்கழக ஆட்சிக் குழு ஏப்ரல் 2021
ஆம் ஆண்டு செந்தில்குமார் மா என்பவர்
தமிழ்ப் பாடத்தில் முனைவர்
பட்டத்திற்குத் தகுதி பெற்றவர் என்று தக்க தேர்வாளர்கள்
சான்றளித்தபடி முனைவர் பட்டத்தை அவருக்குப்
பல்கலைக்கழக இலச்சினையுடன் வழங்குகிறது.

The Syndicate of the **BHARATHIDASAN UNIVERSITY** hereby makes
known that **SENTHILKUMAR M** has been admitted
to the Degree of **DOCTOR OF PHILOSOPHY,** in the subject
TAMIL, having been certified
by duly appointed Examiners to be qualified to receive
the same in **APRIL 2021.**

Place of Study : ANNAI COLLEGE OF ARTS & SCIENCE KUMBakonam.

"Ph.D. Degree has been awarded in accordance with the Minimum Standards and
Procedure of the Regulations of the University Grants Commission 2016".



Title of the Thesis

"ஆண்டாள் பிரியதர்ஷினி சிறுகதைகள் - ஒரு திறனாய்வு"

Given under the seal of the University.



திருச்சிராப்பள்ளி
Tiruchirappalli

பதிவுரைப்பவர் Registrar

துணைவேந்தர் Vice - Chancellor

P 005856

தारी : 9th December 2021

ISSUED ON : 09-12-2021

