

UNIVERSITY OF DELHI
(FACULTY OF MEDICAL SCIENCES)

Application form for Admission to Ph.D. Course in
the Department

To
The Chairman, Departmental Research Committee,
Faculty of Medical Sciences,
University of Delhi,
Delhi-110007

Paste here
Recent Passport
Size Photograph
duly attested by the
Head of the
Institution/College

Sir,

I wish to apply for admission as a research student for the Ph.D. Degree of the University of Delhi in the Faculty of Medical Sciences under the Department of _____.

I certify that the statements made below in columns 1 to 18 are true to the best of my knowledge and belief.

Yours faithfully

Signature of Candidate.....
Name:.....
Address:.....
.....
Telephone No.....
Mobile No.....

Date:.....

1. Name (in Block Letters).....
Mr./Mrs./Miss
2. Present Address.....
3. Date of Birth.....
4. Nationality.....4(a). University Enrol. No.....
5. Name of Father or Guardian.....
(with relationship)
- 5(a) Name of Mother.....
6. Name, Address and Occupation of Father/Guardian.....
.....
7. Permanent Home Address.....
.....
8. Whether the applicant belongs to Urban/Rural Area?.....
9. Religion.....
10. Whether the applicant belongs to Scheduled Caste/Tribe or Other backward class?.....

Educational Institutions attended and Examinations Passed (starting with Matriculation/ Higher, Senior/Secondary/S.S.C. Examinations):-

Name of Board/University etc.	Examination passed	Year	Roll No.	Marks Obtained	Total No. of marks for the Examination	%age	Subject offered and passed at the Exam.
1.							
2.							
3.							

Note: Attested copies of the Degree, the detailed marks-sheet for the MD/MS/M.Sc./M.Phil Examinations and Certificates showing the date of birth must be attached with the application, besides **Fifteen Copies** of proposed 'PLAN OF WORK'.

11. Title of Thesis (in BLOCK LETTERS).....

12. All foreign students to provide equivalence certificate of the Degree from Association of Indian Universities.

12A. Foreign students with National or other fellowship recognised by University (to attach paper)

13. Details of previous experience in research, if any (if the space is not sufficient please attach a separate sheet).

14. Are you in receipt of any of the following, if yes indicate as (√) and attach proof thereof:-

- (i) Letter of award of JRF from UGC or CSIR ()
- (ii) Letter of award of fellowship from the concerned funding agency i.e. from CSIR/ ICAR/ICSSR/ICHR/ICMR/DBT/DST etc. ()
- (iii) Letter of award of fellowship from the funding agency i.e. UGC ()
- (iv) Letter of award of NET (LS) from UGC or CSIR. (No interview required) ()

14(A) Those having no fellowship/scholarship shall be required to go through an Entrance Test or Interview.

15. Details of publication, if any

16. State the name of the institution to which the candidate desired to attach himself/herself:.....

17. Is the candidate employed in any Institution? Give the name of Institution, designation and nature of the work and date of appointment on the substantive post, if yes, the permission of Supervisor and Department Research committee is mandatory. He/She will not join any other Course without permission of Supervisor/Departmental Research Committee.

18. Certificate to be signed by the Head of the Institution in which the candidate is employee:

I certify that the application is being made with my consent and permission. It is also certified that Ethical Committee of this Institution has recommended his/her case.

Date.....

Signature of the Head of the Institution/College (with Rubber Stamp)

Signature of Supervisor.....

Signature of Co-Supervisor (if any).....

Name and designation of Supervisor/s.....

(Signature with address/Rubber Stamp).....

No. of Scholars already registered (Pl. give names and date of registration).....

Attested Copies of the following certificates should be enclosed with application in the order as given below:

- (i) Ethical Clearance Certificate.
- (ii) Certificate in support of having put in one year Research Experience: (only in case of candidates seeking registration in Ph.D. programme, if not having MD/MS qualification).
- (iii) High School/Higher Secondary Certificate for verification of date of birth.
- (iv) Certificates in support of educational qualification: i.e. M.B.B.S./B.D.S, M.D./M.S./M.D.S., DM/M.Ch., Master's Degree/ Bachelor's Degree – as per requirement of the course.
- (v) Year-wise /Semester-wise detailed marks sheets of qualifying examinations mentioned at point no. (iii) above,
- (vi) Employer's Certificate/No Objection Certificate/study leave, if employed (as given in the application form).
- (vii) Equivalence Certificate in the case of Foreign Students.
- (viii) Copy of the Award Letter of any of the fellowships if (√) tick marked against Col. No. 14 above.

19. Decision of the Departmental Research Committee made at its meeting held on..... Provisionally Mr./Mrs./Miss.....has been admitted to Ph.D.

Course w.e.f.....Dr/s..... HAS/HAVE BEEN ASSIGNED AS THE SUPERVISOR/S.

Deputy Registrar (Medical)

Chairman