

Photo

Application No. KAHER/Ph.D./_____

Right of Admission/Registration Reserved

**APPLICATION FOR THE DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D.) PROGRAM
IN THE FACULTIES OF HEALTH SCIENCES / INTER DISCIPLINARY RESEARCH
FOR THE ACADEMIC YEAR 2019-20**

1. Name of the candidate	
2. Qualification	
3. Date of Birth	
4. Gender	
5. Name of the Father	
6. Name of the Mother	
7. Designation / Department / Institution in which presently working	_____ _____
8. Religion & Caste	a) Religion : _____ b) Caste : _____ c) Category : _____ (SC/ (ST/OBC/Minority/General)
9. Address for correspondence	_____ _____ _____ PIN _____

Contact details:

Office : _____ STD _____ Mobile No. : _____

Residence : _____ STD _____ E-mail : _____

Aadhaar Card No: _____.

10. Academic records:

	Degree	College	University	Year of passing	% of marks (Aggregate)	Class / Distinction	Rank / Medals
UG							
PG (with Subject)							
Others							

11. Teaching / Research & Professional Experience, if any (chronological order):

Sl. No.	Name of the Institution/University	Post held	Teaching Experience	
			From	To

12. Papers Published / Presented, if any :

Please enclose separately as Annexure.

13. Registration applied for:

- i) Faculty – _____ : _____
(Medicine / Dentistry / Pharmacy / Ayurveda / Nursing/ Physiotherapy/ Inter-disciplinary/ Basic Medical Sciences)
- ii) Full time / Part time _____ : _____

14. Particulars of the Research Proposal :

- a) Area of Research _____ :
- b) Broad area of the proposed Ph.D. Research work:
- c) Summary of the proposed research work (not more than 750 words)

Note: *Submit summary as Annexure in typed form duly signed by the candidate.*

DECLARATION OF THE CANDIDATE

I hereby declare that the information furnished by me as stated above is correct and shall abide by all the Rules and Regulations of the Ph.D. Program of the KAHER. In case of my selection for the Ph.D. Program, I agree to pay the fees prescribed by the University every year within the stipulated time until the completion of my course.

Date: _____

Signature

15. Recommendation of the Forwarding Authority:

The application of Prof. / Dr. / Shri / Ms. _____
working as _____ in this College / Institution for registration as
Research Scholar for the Doctor of Philosophy (Ph.D.) Program has been forwarded to the
University for further consideration. The above information submitted by the candidate has
been found to be correct. The application has been scrutinized and found to be in order and
permitted to appear for the Entrance Examination.

Date: _____

Seal

Signature of the
Head of the College/Institution

14. Enclosures:

- Two recent passport size photographs.
- Copies of Under-Graduate & Post-Graduate Degree Certificates.
- Copies of Marks list of Under-Graduate & Post-Graduate Examinations (all years).
- Copy of Attempt Certificate.
- Copy of Certificate for Proof of Date of Birth.
- Aadhaar Card Xerox (Mandatory)
- Certification by the Principal, if the applicant is the employee of Constituent Units of KAHER.
- List of Publications / Presentations.
- Hard Copy of PG syllabus (Post graduate specialty syllabus).
- Demand Draft bearing No. _____ dated _____ for Rs.2,000/- drawn on (Name of the Bank) _____