UNIVERSITY OF DELHI (FACULTY OF MEDICAL SCIENCES) 2016 - 2017

Application form for Admission to Ph.D. Course in the Department of				Paste her	·e
The Chairman, Board of Research Studies, Faculty of Medical Sciences, University of Delhi, Delhi-110007				Recent Pass Size Photog duly attested Head of the Institution/Co	sport raph by the he
Sir,					
I wish to apply for admission as a research stud	ent for th	ne Ph.D. D	egree of th	ne University o	f Delhi
in the Faculty of Medical Sciences under the Departme	nt of				•
I certify that the statements made below in colur and belief.	nns 1 to	18 are tru	e to the be	st of my know	ledge
			Yours faith	nfully	
Mobile No: Email Id:					
	Addres	s:			
 Ph.D entrance test 2016 – 2017 Roll No Name Mr./Mrs/Miss. (in Block Letters) Present Address. Date of Birth (DD/MM/YYYY)					
6. (a) Name of Father and Occupation (Please give designation and address also, if in	service)			•	
7. Address for communication with telephone					
			Pin:		
8. Permanent Address with telephone					
9. Whether the applicant belongs to Urban/Rural A	rea?				
10. Religion			r		
11. Category: General/ Other backward class/Schero Please tick mark (✓) applicable	duled Ca	ste/Sched	uled Tribe		
Educational Institutions attended and Examinat Senior/Secondary/S.S.C. Examinations):-	ions Pas	sed (starti	ng with Ma	atriculation/ Hiç	gher,
S. No Name of Examination Name of Board/University passed Degree/		Roll No.	Max. Marks	Marks obtained	Percenta ge of marks

S. No	Name of Board/University etc	Examination passed	Name of Degree/ Certificate	Year	Roll No.	Max. Marks	Marks obtained	Percenta ge of marks obtained
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		XII						
		Graduation						
		Postgraduate						

(i) All Un (ii) For	niversities, New Delhi for the qualifying o	lence Certificate issued by Association of Indian degree. nted any National or International fellowship	
	s of previous experience in research, if a space is not sufficient please attach a se	•	
(i) Letter of (ii) Letter of	ceipt of any of the following, please indiction of JRF/NET from UGC or CSIF of award of fellowship UGC/CSIR/ ICAR e Govt./Govt. institution.		()
16. Details	s of publications, if any		
	of the Supervisor/Institution allotted: refer the Ph.d. admission result 2016 –	- 2017 dated 28.03.2017)	
18. If emplo	oyed, please provide the following inforr	mation:	
(i) Em	• •		
` '	esignation		
19. To be fi	illed in by the Supervisor;		
	omposition of Advisory Committee:		
Name	of Supervisorone with address/Rubber Stamp)	Signature of Co-Supervisor Name Designation	
(Signature		Signature of the Head of the Institution/Co (with Rubber Stamp)	ollege
Date Self Attest order as g Ethical Certific seeking High So Certific DM/M.(Year-w (iii) abo No obje Equival) Copy o	sted Copies of the following certificativen below: Clearance Certificate. (It is mandatory to state in support of having put in one years of the state in support of having put in one years of the states in support of educational quarters in support of educational quarters. Master's Degree/ Bachelor's Degree is e/Semester-wise detailed marks she love, ection certificate from the current employlence Certificate, in case of Foreign Students.	(with Rubber Stamp) ates should be enclosed with application in submit ECC within six months of date of provisional addranger Research Experience: (only in case of candit having MD/MS qualification). verification of date of birth. alification: i.e. M.B.B.S./B.D.S, M.D./M.S./M. ee — as per requirement of the course. ets of qualifying examinations mentioned at points. experience: (with application is above.)	n th

Chairman (BRS)

Joint Registrar (Medical)