



अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

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APPLICATION FORM FOR PhD PROGRAMME

(Tick (√) the relevant box wherever provided)

PhD Programme to which you are applying (Fill in name of only One Programme) _____							Paste your Photograph	
							Signature	
Applied Under		<input type="checkbox"/> With Fellowship <input type="checkbox"/> Part of Departmental Project <input type="checkbox"/> Self Sponsored						
Name in Full (Block Letters) (as entered in the qualifying certificate)*								
Miss / Mrs / Mr./Dr.								
Father's/ Spouse's Name								
Mother's/ Guardian's Name								
Date of Birth (in Figures)		DD	MM	YYYY	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Marital Status		<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	Nationality				
Community		<input type="checkbox"/> UR <input type="checkbox"/> OBC (NCL) <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> EWS	Physically Handicapped		<input type="checkbox"/> Yes <input type="checkbox"/> No			
ID Proof		<input type="checkbox"/> PAN Card <input type="checkbox"/> Adhar Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport						
ID Number					Mobile Number			
Email ID					Alternate Mob. No.			
Address for Correspondance								
Permanent Address								

Academic Record						
Examination Passed	Name of the School/ College/ Institution/ University	Year of Passing	Max Marks	Marks Obtained	Div / Grade	Subject (s) Papers offered
HSSC/ (10+2) Equivalent						
Bachelor's Degree						
Master's Degree						
Any other Examination						
Are you pursuing any other course in this or any other University/ Institution						
Current Scholarship/ Fellowship drawn (if any, details of funding agency)						
Research Experience (If any)						
*Experience (From Date to date)		Designation		Organization		
(Attach separate sheet, if necessary)						
Any Published articles/books, if yes, give details						
Title of Articles/ Books		Journal/ Publishers		Date of Publication		
(Attach separate sheet, if necessary)						

To be Filled in by the Candidates who are Employed

Name of the Institution/ Organization	Designation	Period of Employment (From & To)	Permanent/ Contractual/Project	Nature of Duties/Jobs

Undertaking/ Declaration:

1. I declare that I fulfill the minimum eligibility requirements as prescribed by the Institute for admission to the Programme for which I have applied.
2. I further declare that the documents submitted in support of the information furnished by me in the Application Form are true in all respects and in case any entry, information, or documents are found to be false, this shall entail automatic cancellation of my admission.
3. I note that my admission to the Institute is subject to the provisions of the Acts and Rules of the Institute.
4. I shall abide by the rules of discipline and proper conduct that may be framed in this regard.

Date: _____

Signature: _____

Place: _____

Name: _____

FOR OFFICE USE ONLY

Approved/Waitlisted/Rejected _____

Date: _____

(Admission Committee)

Enclosure Checklist:

Sr. No.	Copy of the Certificates	Please tick
1	10 th Class Certificate for Date of Birth	
2	12 th Class Marksheet	
3	MBBS Mark sheets & Degree Certificate	
4	Internship completion certificate	
5	NMC or State Council Registration Certificate	
6	MD/MS Mark sheet & Degree Certificate	
7	Caste Certificate (if applicable)	
8	Certificates : (For candidates employed at AIIMS Nagpur only) Annexure – I Annexure – II Annexure – III	
9	Certificate : (For other candidates where the candidate is employed) Annexure - V	
10	Adhar Card	