



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	
Applied Under		<input type="checkbox"/> With Fellowship <input type="checkbox"/> Part of Departmental Project						
Name in Full (Block Letters) (as enter in the qualifying certificate)*								
Miss / Mrs / Mr.								
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
Material 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						
Title of the Proposed Ph.D Topic						
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: _____

Certificate to be signed by the Head of the Institution where the candidate is employed

I Certify that Mrs./Miss/Mr. _____ has been working in this Institution/University/College/Project as _____ in a temporary/ ad-hoc/ contractual/permanent capacity since _____. The present term of her/his appointment is up to _____.

I further certify that Miss/Mrs/Mr. _____ will be granted leave to pursue the PhD Programme as required under the present rules of the AIIMS, Nagpur and as may be amended from time to time.

Date: _____

Place: _____
Institution

Signature of the Head of the
(With Seal)

FOR OFFICE USE ONLY

Approved/Waitlisted/Rejected _____

Date: _____ **(Admission Committee)**