



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

(An Institution of National Importance under Ministry of Health & Family Welfare, GOI)

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APPLICATION FORM FOR Ph.D PROGRAMME
JANUARY-2024 SESSION

Subject: (Choose only one programme)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Anatomy | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Physiology | <input type="checkbox"/> Community Medicine |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Forensic Medicine & Toxicology |
| <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Microbiology |

Passport Size Photo

Signature

Applied Under:

- With Own Fellowship Self Sponsored

Name in Full (Block Letters) Miss / Mrs / Mr./Dr. _____

Father Name: _____ Mother Name: _____

Date of Birth: ____/____/____ Gender: Male Female Other

Community: UR OBC(NCL) SC ST EWS

Physically Handicapped: YES NO Marital Status: Married Unmarried

ID Proof: PAN Card Aadhar Card Driving Licence Passport

Aadhar Number: _____ Mobile Number: _____

Email ID: _____ Alternate Mob. No. : _____

Address for Correspondence: _____

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
HSC (10+2)						
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

(Attached separate sheet, if necessary)

Any Published articles/books, if yes, give details

Titles of Articles/Books	Journal Publishers	Date of Publication

(Attached 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 _____

Remark _____

Date: _____

Admission Committee