



**PT. DEENDAYAL UPADHYAY MEMORIAL HEALTH SCIENCES &
AYUSH UNIVERSITY OF CHHATTISGARH, RAIPUR**

(ESTABLISHED BY C.G. Act No. 21/2008)

Uparwara, Sector-40, Atal Nagar Nava Raipur (C.G.) Pin- 493661

Ph. No- 0771-2513751 E-Mail: phdcell@ddumhsaucg.ac.in Website-www.ddumhsaucg.ac.in

APPLICATION FOR Ph.D. ENTRANCE TEST 2025

Note: Applicants are advised to study the Instructions carefully and then fill up the application in all respects. Attach additional sheets, if required. However, information given must be precise and to the point.

1) Fee Detail
(Application will be accepted only after the receiving of fee.)

| | |
|---|--|
| Particulars of the Entrance Test Fee Paid | Amount Rs. Bank DD No./ Bank Transaction No/UTR: Date: |
|---|--|

Name of Research Center

Department Name.....

| | |
|--------------------------------|--|
| Name in FULL BLOCK LETTER ONLY | |
| Address for Communication | |
| Contact Phone/Mobile No. | |
| Email id | |
| Date of birth | |

| | |
|--|---|
| Sex: 1 Male 2. Female | Nationality: Indian / Foreign |
| Category - Please tick any one as applicable Enclose attested copy of the certificate | Gen./SC/ST/OBC-NC/ PWD/EWS (As per reservation rules of CG Government) |
| Mode of Study Preferred (Full Time/ Part-Time) | |
| Whether passed UGC/CSIR (NET) (JRF)/ICMR for JRF or teacher fellowship? | Yes / No If yes, specify the exam passed (Enclose attested copy of the certificate) |
| If sponsored, is the candidate a permanent employee of institution organization- FIP, QIP, | Yes No |
| Area of Research Interest | |

Educational Qualification Detail

| Degree and Subject | Name of University | Year of Passing | Marks | Specialization |
|--------------------|--------------------|-----------------|---------------------|----------------|
| | | | Percentage /CGPA | |
| PG | | | | |
| UG | | | | |

Note: Enclose two passport size photographs along with necessary documents and Original DD or Bank Transaction Detail of the fee payment.

Place:

Date:

Signature of the Candidate

List of Enclosure:

- 01).....
- 02).....
- 03).....
- 04).....
- 05).....
- 06).....
- 07).....

DECLARATION

The information given above is true to the best of my knowledge and belief. I agree to abide by the rules & regulations of the University. I also understand that if any information given by me in the form is found incorrect in future, my candidature/appointment will be cancelled with immediate effect.

Date:

Place:

(Signature of Applicant)

Ph.D. Entrance Test – 2025

Admission Card

(To be submitted along with the application)

Affix recent
self-attested
Passport size
photo similar
to the one in
the application
(Color Photo)

1. Reg. No* : _____
* (to be allotted by the University)

2. Name of the Candidate : _____

3. Department : _____

4. Specialization : _____

| Date | Time | Examination Centre |
|------|------|--------------------|
| | | |

Note:

- The admission card duly signed by the Registrar/Concerned officer will be issued to the candidate Before the date of examination.
- The candidate must carry this Admission Card to the Examination Hall and should occupy his/her place in the examination hall 15 minutes before the commencement of examination.
- The candidate will not be allowed to enter after 30 minutes of the commencement of the examination.
- This Admission Card is only provisional.

Registrar

Signature of the Candidate

Signature of Invigilator



Acknowledgement

Received the application from Mr./Ms. _____ in connection
with Ph.D. Entrance Test- 2025 on _____.

Authorized Signatory