

Pt. Deendayal Upadhyay Memorial Health Sciences and Ayush University of Chhattisgarh, Nava Raipur

Ph.D. Counseling Form

1. Applicant Details

Particulars

Details

Name of Candidate

Father's Name

Mother's Name

Date of Birth

Gender

Category
(UR/SC/ST/OBC/EWS)

Nationality

Aadhaar Number

Mobile Number

Email ID

Correspondence Address

Permanent Address

2. Academic Qualification Details

Examination	Board/Univer sity	Year of Passing	Percentage/ CGPA	Subject
10th				
12th				
Graduation				
Post Graduation				
Any Other				

3. Ph.D. Admission Details

Particulars	Details
Faculty / Subject Applied For	
Department	
Entrance Examination Roll Number	
Fellowship (if any)	

4. Documents Submitted (Tick ✓)

S. No.	Document	Submitted (Tick ✓)
1	10th Marksheet & Certificate	
2	12th Marksheet & Certificate	
3	Graduation Marksheet & Degree	
4	Post Graduation Marksheet & Degree	
5	Transfer Certificate	
6	Migration Certificate	
7	Caste Certificate (if applicable)	
8	Income / EWS Certificate (if applicable)	
9	Aadhaar Card	
10	Entrance Exam Score Card	
11	NOC from Employer (if applicable)	
12	Counseling Fee Receipt / Demand Draft	

5. Counseling Fee Details

Particulars	Details
Amount Deposited	
Mode of Payment	
DD Number / Receipt No.	
Date	
Bank Name	

6. Declaration by Candidate

I hereby declare that the information provided by me in this form is true and correct to the best of my knowledge and belief. I understand that if any information is found incorrect or misleading at any stage, my candidature/admission may be cancelled by the University.

Date: _____

Place: _____

Signature of Candidate: _____

7. Verification by Counseling Committee

Particulars	Remarks
Original Documents Verified	
Eligibility Verified	
Category Verified	
Fee Verified	
Admission Recommended	Yes / No

1. Name & Signature of Committee Member: _____
2. Name & Signature of Committee Member: _____
3. Name & Signature of Committee Member: _____

Date: _____

Name & Signature of Chairman Counseling: _____