

Serial No.:

Application Fee: Rs. \_\_\_\_\_



**AYUSH AND HEALTH SCIENCES UNIVERSITY  
OF CHHATTISGARH, RAIPUR  
G.E. ROAD, RAIPUR**

**FORM- I**

**Ph.D. PROVISIONAL REGISTRATION APPLICATION FORM**

*Note: Please read the Ph.D. Regulation book before filling the application.*

**1. Details of Fee remittance (To be filled by the candidate)**

- a. Name of the Bank/Branch : .....
- b. Amount Remitted : .....
- c. Demand Draft/Chalan No. : .....
- d. Date of issue/Remittance : .....

**2. Particulars of the applicant**

- I.**
- a. Name in Block Letters : .....
  - b. Date of Birth & Age : .....
  - c. Residential Address : .....
  - d. Residential Telephone No. : .....
  - e. Mobile No. : .....
  - f. E-Mail ID : .....
  - g. Fax (If available) : .....

**Particulars of the applicant**

- II.**
- a. Designation : .....
  - b. Department : .....
  - c. Name of the Institution : .....
  - d. Address of Institution : .....
  - e. Telephone No. : .....
  - f. Fax No. : .....
  - g. E-mail ID : .....

**3. Academic Qualifications**

(Certified photo copies of the degrees to be enclosed)

Degree	Name of Degree	Name of Institution	Name of University	Year of Qualification	Class or % of Marks
U. G.					
P.G. Diploma					
P.G. Degree					
Higher Specialty Degree					

**4.(a) Candidate's Academic Distinctions/ Publications/ Research Experience**

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.....  
.....  
.....

**4.(b) Awards/ Medals/ Prizes and Honours achieved during his/her Educational period (Separate list may be enclosed)**

.....  
.....

**4.(c) Whether the applicant has been a recipient of any fellowship (UGC/ICMR/CSIR.....etc.)**

.....  
.....  
.....

**4.(d) Whether the Applicant has Presented any Research Papers/ Posters at National/International conferences/ Seminars/ Workshops. (Certified Xerox copies to be enclosed)**

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.....

**4.(e) Whether the applicant has any Publications/ Articles to his/her credit in any Accredited Journals. (Certified Xerox copies to be enclosed)**

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**4.(f) Details of any Research Experiences already gained and details of State Research Schemes/ ICMR/ CSIR Projects if any (Certified Xerox copies to be enclosed)**

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**5.(a) Details for Provisional Registration for Ph.D. Candidate**

i. Faculty/Broad field/Subject for which registration is sought  
: .....  
: .....

ii. Candidate Status

A. Faculty Candidate : .....  
B. Non Faculty Candidate : .....

iii. Employment Status

A. Employed-Government/Private : .....  
B. Unemployed

**5.(b) Research Particulars**

1. Subject/Field of Research : .....
2. Provisional Title of Research : .....
3. Are there similar Research works in the University : .....
4. Nature of Research- Clinical/ Non Clinical/ Experimental/ Animal Experimental : .....

**5.(c) Research Department**

1. Name of the proposed department for conducting research : .....
2. Has the Department been recognized by this University for Ph.D. Research : .....
3. Name of the Institution in which proposed research work is to be carried out : .....
- Full Address : .....
- Telephone Number : .....
- Fax : .....
- E-mail ID : .....

**5.(d) Guide**

1. Name : .....
2. Qualification : .....
3. Designation : .....
4. Address : .....
5. Telephone No. : .....
6. Fax No. : .....
7. Departmental E-mail ID : .....
8. Recognized Guide by this University : .....
9. Residential Address : .....
10. Residential Telephone No. : .....
11. Residential Fax No. : .....
12. Personal E-mail ID : .....

**5.(e) Co-Guide**

- 1. Name : .....
- 2. Qualification : .....
- 3. Designation : .....
- 4. Address : .....  
.....
- 5. Telephone No. : .....
- 6. Fax No. : .....
- 7. Departmental E-mail ID : .....
- 8. Recognized Co-Guide by : .....  
this University
- 9. Residential Address : .....  
.....
- 10. Residential Telephone No. : .....
- 11. Residential Fax No. : .....
- 12. Personal E-mail ID : .....

**6 Details of Certificates/ Annexure/ Publications**

- a. Name of the Certified Xerox : .....  
copies of the certificate  
enclosed. **(Separate list may  
be enclosed)**
- b. Name of Annexure enclosed : .....
- c. List of publications if any : .....

7 (a) Certification

**Recognized Guide Consent Certificate**

I..... working as  
..... in the department of  
..... at .....  
..... and a recognized  
Guide of the **Ayush and Health Sciences University of Chhattisgarh,  
Raipur**, hereby certify that I shall abide by the rules and Ordinance of the  
University and give my consent to officiate and carry out all the duties of a  
Guide for .....  
.....  
..... a candidate  
applying for Provisional Registration for the Ph.D. Programme.

Station:

Date:

Signature .....

Name: .....

Seal .....

7 (b) Certification

**Recognized Co-Guide Consent Certificate**

I..... working as  
..... in the department of  
..... at .....  
..... and a recognized Co-  
Guide of the **Ayush and Health Sciences University of Chhattisgarh,  
Raipur**, hereby certify that I shall abide by the rules and Ordinance of the  
University and give my consent to officiate and carry out all the duties of a  
Co-Guide for.....  
..... a candidate  
applying for Provisional Registration for the Ph.D. Programme.

Station:

Date:

Signature .....

Name: .....

Seal .....

**7 (c) Certification**

**No Objection Certificate From the Head of the Department**

Consent is hereby given to .....  
to carry out Research Work in the Department of .....  
..... It is a  
recognized department for Ph.D. Research Work in **Ayush and Health  
Sciences University of Chhattisgarh, Raipur**. The Department agrees  
to offer all necessary facilities for carrying out the Research Work for the  
above mentioned candidate.

There is no objection for the above mentioned candidate to do the  
research work in this department.

Station:

Date:

Signature .....

Name: .....

Seal .....

**7 (d) Certification**

**No Objection Certificate From the Head of the Institution**

Consent is hereby given to .....  
to carry out Research Work in the Institution which is affiliated to the  
**Ayush and Health Sciences University of Chhattisgarh, Raipur.**  
Name of the Institution.....  
.....

There is no objection for the above mentioned candidate to do the  
research work in the selected department of this institution.

Station:

Date:

Signature .....

Name: .....

Seal .....

7 (e) Certification

**Ethical Committee Clearance Certificate**

*We, the Undersigned Chairman/Members of the Ethical Committee,  
functioning in.....  
..... have studied  
the proposed research Subject/Project of a candidate applying for  
provisional Registration and hereby give the certificate of clearance of  
approval by this Ethical Committee.*

*Station:*

*Date:*

*Signature of the Chairman/ Members  
of the Ethical Committee.*

*Name of Institution: .....*

*.....*

*Seal .....*

7 (f) Certification

**Consent of the Directorate**  
**(Only for Government/ Institutions)**

Permission is hereby given to .....  
who is working as ..... in  
.....  
and Institution affiliated to the **Ayush and Health Sciences University**  
**of Chhattisgarh, Raipur** and coming under the Administrative Control of  
the Directorate.

Station:

Signature:

Name: .....

Seal .....

**Declaration by the Candidate**

I ..... a candidate applying for Provisional Registration for Ph.D. in the **Ayush and Health Sciences University of Chhattisgarh, Raipur** hereby certify and declare that all the particulars furnished in this Provisional Application are true and correct. In case any particulars given in the application are found to be incorrect at any stage and any discrepancies that may be noticed at any time of the Research Programme inclusive of discrepancies in the Title. Synopsis and Thesis, I agree to forfeit my candidature no matter at what stage I will be in at that time.

Station:

Signature:

Name: .....

### **Instruction to the Candidate**

1. Read the Ph.D. Ordinance book of this university before filling the applications form.
2. All entries in the provisional registration application form must be written neatly and legibly by the candidate in his / her own handwriting in blue / black ink or it may be neatly typed
3. Only one application should be submitted by each candidate
4. All the particulars required in the provisional registration application form should be furnished without any omission.
5. Incomplete filled applications will be deemed as rejected application
6. Candidates are specifically requested to note that error, overwriting and corrections if any in the certificates are duly attested by the authorities concerned before submitting them.
7. The prescribed fees should be paid in the form of demand draft drawn in favour of "The Registrar, Ayush and Health Sciences University of Chhattisgarh, Raipur".

