

Ph.D. Admission Form

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

1. Applicant Details

- Name of Candidate: _____
- Father's / Mother's Name: _____
- Date of Birth: ____ / ____ / ____
- Gender: _____
- Category (UR/SC/ST/OBC/EWS): _____
- Nationality: _____
- Aadhaar No.: _____
- Mobile No.: _____
- Email ID: _____

Paste your latest passport size
photo

2. Correspondence Address

City: _____ State: _____ PIN: _____

3. Permanent Address

City: _____ State: _____ PIN: _____

4. Academic Qualification

Examination	Board/University	Year	Subjects	Percentage/CGPA
Graduation				
Post Graduation				
M.Phil (If Any)				
Other Qualification				

5. Ph.D. Admission Details

- Faculty/Discipline Applied For: _____
 - Department/College: _____
 - Ph.D. Entrance Roll No.: _____
 - Category Rank (if applicable): _____
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6. Research Information

- Proposed Area of Research:
-
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- Name of Supervisor: _____
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7. Documents Attached

(Attach self-attested photocopies)

- 10th Mark sheet & Certificate
- 12th Mark sheet & Certificate
- Graduation Mark sheet & Degree
- Post Graduation Mark sheet & Degree

- Transfer Certificate
 - Migration Certificate
 - Caste Certificate (if applicable)
 - Income Certificate (if applicable)
 - Aadhaar Card
 - Passport Size Photographs
 - Entrance Exam Score Card
 - NOC from Employer (if employed)
 - Other Documents _____
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Declaration

I hereby declare that the information provided by me in this application form is true and correct to the best of my knowledge. If any information is found incorrect, my admission may be cancelled by the University.

Date: ____ / ____ / ____

Place: _____

Signature of Candidate: _____

For Office Use Only

- Application Verified By: _____
- Documents Verified: Yes / No
- Admission Approved By: _____
- Remarks: _____

Signature: _____

Date: ____ / ____ / ____

Seal and Signature of HoD (Research Center)

Seal and Signature of Principal / Dean of the Institution