



All India Institute of Medical Sciences, Bhopal

APPLICATION FORM FOR THE Ph.D. COURSES

Please read Prospectus carefully before filling the Application Form

Affix your recent passport size coloured Photograph with signature

Advt. No. _____ Dated: _____

1. Category of fellowship applied: A* or B** : _____.

*Fellowship seats available in the project (FA): Candidates with or without own Fellowship can apply.

**Own Government Fellowship seats (OF): only those candidates who have their own Fellowship or In Service candidates (as indicated) from Government Organization can apply.

2. Code of the project under which the application is made:

i)

ii)

3. Every candidate has to make choice for appearing in the Part B of the Stage I (Written Examination) questionpaper.

*Candidate who choose to apply under one code only should select only one of the subject question papers in the Part B of the Stage I paper by tick marking against one subject.

*Candidate who choose to apply under two codes (Departments should select one subject question paper, for Part B of the Stage I paper by tick marking against one subject).

i) Physiology

ii) Biochemistry

iii) CFM

iv) Pharmacology

4. Preference of the project within the Code (if available)

g)

ii)

5. Name (in Block Letters)

6. Father's/Husband's Name

7. Mother's Name.....

8. Address (Permanent).....

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11. Address for correspondence:.....

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Contact No.Mobile No.....

E-mail.....

11. Date of Birth:

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 (dd/mm/yyyy)

11. Category: (GEN/SC/ST/OBC/EWS/PwD-OPH).....

(Copy must be enclosed, if applicable).

12. Gender: M/F/ Transgender

13. Educational/ Professional Qualification: (10th Onwards)

Degree/Exam.	Name of Board/ University	Year of Passing	Subject	Percentage/ Division

14. **Research Publications (Attach copies of publication)**

Title of Publication	Author (As 1 st , Correspondence / Co-author)	Name of Journal	Indexing details	Date of Publication

15. **Project with Grant (If any)**

Title of Project	Name of Principle Investigator	Project sanctioned by/ Funding agency	National /International	Date of Sanction and amount

16. Fellowship Details (If any):

17. Work Experience:

S. No.	Name of Organization	Name of the post held	Date of Joining	Date of Leaving	Total Duration	Salary details

18. Whether MBBS/BDS/MD/MS/MDS/DNB degree is recognized by Medical/Dental Council of India? : Yes/No

19. Whether registered with State Medical Register or Indian Medical Council: Yes/No (Attached the copy of registration)

11) Registration No.

B) State in which registered.

20. Fee Details: D.D. No. _____ Amount (in Rs.) _____.

Dated _____ Bank Name _____.

DECLARATION

I hereby declare, that all statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, my candidature is liable to be cancelled/ terminated. I have read the details of fellowship and period of fellowship. I will not ask for the fellowship beyond the date specified in the advertisement. I shall abide by the terms & condition as prescribed and amendment from time to time. In the event of ineligibility, being detected before or after the selection procedure, action can be taken against me under the relevant rules/instruction and I hereby undertake to abide by them.

Date: _____ (Signature of Candidate)

Place: _____ Name: _____

*****Checklist*****

S.No.	Particulars	Please Tick
1.	Application fee in the form of Demand Draft	
2.	Class X for certificate for Date of Birth & XII Mark sheet	
3.	UG Mark Sheet & Certificate (MBBS or others)	
4.	Internship Completion Certificate (As applicable)	
5.	Attempt Certificates	
6.	MD/MS/MDS/DNB Mark sheet & Degree	
7.	MCI/DCI Registration (as applicable)	
8.	M.Sc. Mark sheet & Degree	
9.	SC/ST/OBC/EWS/PH Certificate issued by the competent Authority (If applicable)	
10.	Fellowship approval letter	
11.	Address Proof & ID Proof	
12.	Copies of any other relevant documents are support of candidature.	

(Signature of Candidate)