

**UNIVERSITY OF DELHI**  
**FACULTY OF MEDICAL SCIENCES**

**Academic Year \_\_\_\_\_**

Application form for Admission to Ph.D. Course in the Department of .....

Ph.D. Application/Form No. .....

The Chairman, Board of Research Studies,  
Faculty of Medical Sciences,  
University of Delhi, Delhi-110007

Sir/Madam,

Paste here  
Recent Passport  
Size Photograph  
duly attested by the  
Head of the  
Institution/College

I wish to apply for admission as a research student for the Ph.D. Degree of the University of Delhi in the Faculty of Medical Sciences under the Department of \_\_\_\_\_.

I certify that the statements made below in columns 1 to 18 are true to the best of my knowledge and belief.

Yours faithfully

Mobile No: .....

Signature of Candidate.....

Email Id: .....

Name:.....

Address:.....

.....

1	Name (Mr./Mrs./Miss) (in Block Letters)	
2	Present Address	
3	Date of Birth	
4(a)	Nationality	
4(b)	University of Delhi Enrolment No (if any)	
5(a)	Name of Father and Occupation (Please give designation and address also, if in service)	
5(b)	Name of Mother and Occupation (Please give designation and address also, if in service)	
6	Address for communication with Telephone No.	
7	Permanent Address with Telephone No.	

8	Gender Please tick mark (✓) as applicable	Male		Female		Other							
9	Category Please tick mark (✓) applicable	UR		OBC		SC		ST		EWS		PwBD	

10. Educational Institutions attended and Examinations Passed (starting with Matriculation/Higher/Senior/Secondary /S.S.C. Examinations):

S. No.	Name of Board/University	Examination passed	Name of Degree/Certificate	Year	Roll No.	Max. Marks	Marks Obtained	%age Marks Obtained
1.								
2.								
3.								
4.								

11. Title of Thesis (in BLOCK LETTERS) .....

.....

12. For Foreign Student only.

(i) All foreign students should submit Equivalence Certificate issued by Association of Indian Universities, New Delhi for the qualifying degree.

(ii) Foreign students should have been granted any National or International fellowship prior to confirmation of provisional admission.

13. Details of previous experience in research, if any (if the space is not sufficient, please attach a separate sheet).

14. Indicate the category (i) and attach proof thereof:

- I. Letter of award of fellowship UGC-NET (including JRF)/UGC-CSIR NET (including JRF)/AYUSH-NET/DBT-JRF, ICMER-JRF, DST-INSPIRE or equivalent national level examination/fellowship (as identified by DRC)/GATE/teacher fellowship holders and others ( )
- II. Teachers, who are in service in the University of Delhi, may directly appear for interview ( )
- III. Junior Research Fellowships or equivalent research positions in projects ( )
- IV. Scientists/professionals working at R&D institutes of the Government of India/State Government and with whom the University has signed a Memorandum of Understanding ( )

15. Details of publication, if any \_\_\_\_\_

\_\_\_\_\_

16. Detail of the Supervisor/Institution allotted\_\_\_\_\_

17. If employed, please provide the following information (to be filled by the applicant):

- a. Employer Name and address \_\_\_\_\_.
- b. Designation \_\_\_\_\_.
- c. Date of regular appointment \_\_\_\_\_.

18. To be filled in by the Supervisor;

a. Number of scholars already registered \_\_\_\_\_.

b. Composition of Advisory Committee\*: \_\_\_\_\_.

**NOTE:** \*The Committee will have at least three members, with at least one faculty member other than the Supervisor from the Department.

(Signature of Supervisor with address/Rubber Stamp)

(Signature of Co-Supervisor with address/Rubber Stamp)

Name:

Name:

Designation:

Designation:

Date:

Signature of the Head of the Institution/College

(with Rubber Stamp)

**Self-Attested Copies of the following certificates should be enclosed with application in the order as given below:**

- (i) Ethical Clearance Certificate. (It is mandatory to submit ECC within six months of date of provisional admission)
- (ii) Certificate in support of having put in one year Research Experience: (only in case of candidates seeking registration in Ph.D. programme, if not having MD/MS qualification).
- (iii) High School/Higher Secondary Certificate for verification of date of birth.
- (iv) Certificates in support of educational qualification.
- (v) Year-wise/Semester-wise detailed marks sheets of qualifying examinations as mentioned
- (vi) No objection certificate from the current employer, if any.
- (vii) Equivalence Certificate, in the case of Foreign Students.
- (viii) Copy of the Award Letter of any of the fellowships as mentioned in Col. No. 13 above.
- (ix) Composition of Advisory Committee (containing name and signatures of members)

**Official Use**

As per recommendations of the Departmental Research Committee at its meeting held on .....

Mr./Mrs./Miss.....has been admitted provisionally to Ph.D. Programme in the  
Department of ..... under the supervision of .....  
..... in the college/institution .....w.e.f .....

**Assistant Registrar (Medical)**

**Chairman (BRS)**