



# Hemwati Nandan Bahuguna Uttarakhand Medical Education University

Administrative Building, Govt. Doon Medical College Campus,  
Dehradun, Patel Nagar, Dehradun, Uttarakhand, India- 248001

Phone No. 0135-2723321 fax. No. 0135-2723323

## APPLICATION FORM

### FOR ADMISSION TO Ph.D PROGRAMME (July 2019)

Application No. \_\_\_\_\_

(For office use only)

Fee details: Cash / Demand draft (Non Refundable)

D.D.No. \_\_\_\_\_ Date: \_\_\_\_\_

Amount in Rs. \_\_\_\_\_ Bank Drawn: \_\_\_\_\_

Space for  
Photo

(Passport size)  
(Attested)

Application Category: Full-Time/ Part-Time-Internal/Part-Time-External\*

DEPARTMENT	
AREA OF RESEARCH	

(USE CAPITAL LETTERS)

1	NAME OF THE CANDIDATE			
	FATHER'S/GUARDIAN'S/HUSBAND'S NAME			
	MOTHER'S NAME			
	DATE OF BIRTH(DD-MM-YYYY)		AGE:	Years
	SEX (Tick out the appropriate)	MALE / FEMALE	MARTIAL STATUS	MARRIED / UNMARRIED
2	PHYSICALLY CHALLENGED(PH)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3	CATEGORY (Tick out the appropriate)	GEN <input type="checkbox"/>	PH <input type="checkbox"/>	OBC <input type="checkbox"/>
		SC <input type="checkbox"/>	ST <input type="checkbox"/>	
4	NATIONALITY			
5	ADDRESS FOR COMMUNICATION		PERMANENT ADDRESS	
	LAND LINE:		MOBILE:	
	E-MAIL ID:			

\*(only for government recognized organization)

6. Education Qualifications

QUALIFYING DEGREE PARTICULARS*	10 <sup>th</sup>	12 <sup>th</sup>	UG	PG	OTHER
NAME OF DEGREE					
BRANCH/SPECILIZATION					
PERCENTAGE OF MARKS/CGPA					
CLASS(HONOURS/DISTINCTION/FIRST/SECOND/THIRD)					
NAME OF INSTITUTION					
NAME OF UNIVERSITY					
YEAR OF PASSING					

<b>7</b>	/NET/SLET/NEET (if applicable)	SCORE/RANK		YEAR APPEARED	
<b>8</b>	TITLE OF P.G.PROJECT				
<b>9</b>	AREA OF RESEARCH INTEREST				
<b>10</b>	DETAILS OF PUBLICATION IN REFEREED JOURNALS <i>(please add separate sheet, if needed)</i>				

11. Details of Professional Experience #:

NAME & ADDRESS OF EMPLOYER	POSITION HELD	DURATION	
		FROM	TO

\* Attach attested photocopies of certificates

# Photocopy of certificates(s)/experience letter to be attached (as applicable)

**12. Summary of Research Proposal for Doctoral Program (One page)**

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**Declaration**

I \_\_\_\_\_ hereby declare that:

- 1) I shall abide by the rules and regulations of the University. I shall not indulge in any activity affecting the status and prestige of the University.
- 2) If any entry made by me in this form is found to be false, my admission may be cancelled.
- 3) I certify that the particulars given above are correct to the best of my knowledge and belief.

Date:

Place:

Signature of the Candidate

List of Enclosures:

1. Attested copy of the mark sheets, certificates, testimonials. (Originals to be produced at the time of Interview/joining).
2. Migration Certificate for candidates holding Masters degrees from other Universities.
3. No Objection Certificate on the organization's letter head duly signed by current Employer.
4. SC/ST/OBC/Handicapped certificate if applicable
5. Enclosures required for part time external category.
6. Admit Card

### No Objection Certificate from the Sponsoring Organization

*The application of ..... working as ..... in ..... since ..... is herewith recommended and forwarded for admission under External Registration Scheme of the HNB Uttarakhand medical University for part time Ph.D. programme in the Department of .....*

1. This organization has adequate facilities for carrying out the research indicated by the applicant and if he/she is selected, these will be made available to him/her during regular working hours till the completion of the programme.
2. Facilities will be made available to the Co-guide to supervise the work of the applicant and to attend the meetings at HNB Uttarakhand Medical Education University , when necessary.
3. Till the completion of his/her research programme, the applicant will not ordinarily be transferred to another unit or place which may impede his/her work under the scheme. If such a transfer is necessary, HNB Uttarakhand Medical Education University will be informed within a month of such transfer.
4. Till the completion of course work requirement, the applicant will be allowed to attend the classes and exams at HNB Uttarakhand Medical Education University
5. No part of the work carried out in fulfillment of the Research programme will be utilized commercially or for applying for a Patent without the approval of HNB Uttarakhand Medical Education University.

Date:

Signature of the Officer

Name and Designation:

Seal of the organization/ Institution

Postal address:

### **Details of research facilities available in the sponsoring organization**

**(To be submitted by applicants belonging to Part-Time-External category)**

**Particulars of prospective co-supervisor/research coordinator in the sponsoring organization**

**(To be submitted by applicants belonging to part time external category if interested to have co-supervisor from his /her organization)**

In addition to being in a position to ensure technical and logistic support to the scholar in his/her research work in the organization, the Co-Supervisor (or research coordinator) must have a minimum academic qualification of a Ph.D. degree. He/ she will be an invitee to the Doctoral Committee meetings at HNB Uttarakhand Medical Education University.

- (1) Name of proposed Co-Supervisor/ Research coordinator:  
(In block letters)
- (2) Designation of Co-Supervisor/ Research coordinator:
- (3) Academic qualifications of Co-Supervisor/ Research coordinator:
- (4) Membership of Professional Societies of Co-Supervisor/ Research coordinator:

**Certificate of Co-Supervisor/ Research coordinator:**

This is to state that in the event of Mr./Ms. \_\_\_\_\_ of this organization being selected for part time Ph.D programme in the Department of \_\_\_\_\_ under the External Registration Scheme of HNB Uttarakhand Medical Education University, I agree to be his/her Co-Supervisor/ Research coordinator and shall extend all possible guidance and facilities to enable him/her to carry out his/her research programme towards the submission of thesis.

Date:

Signature of the **Co-Supervisor/ Research coordinator:**

Name and Designation:

Seal of the organization

Postal address: