



Application Form

Ph.D Degree

2017-2018

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photograph here

Full name of Applicant <small>(Fill in Capital Letters only)</small>					
Date of Birth (DD/MM/YYYY)				Age	
Nationality		Place of Birth			
Religion		Caste			
Mother tongue		Blood Group			
Marital status	Unmarried <input type="checkbox"/>		Married <input type="checkbox"/>		
Phd course to which admission is sought. Subject of choice (in the order of preference)	Microbiology		<input type="checkbox"/>		
	Pathology		<input type="checkbox"/>		
	Community Medicine		<input type="checkbox"/>		
	Physiology		<input type="checkbox"/>		

Academic details:				
Class	Name of the Institution / University	Place	Passing Year	Syllabus State/CBSE/CSC/ Others

Proposed research details	
Title of the proposed research/thesis	
Department the applicant proposes to work and prepare thesis	
Institution the applicant proposes to work and prepare thesis	

Reference of two persons (with at least Post Graduate qualification) who can vouch for the candidate's conduct and character.

	Reference 1	Reference 2
Name		
Designation / Occupation		
Address		
Landline No. (With code)		
Mobile No.		
Email ID		

Details of Parents / Family

	Father	Mother
a) Name		
b) Age		
c) Mother Tongue		
d) Educational qualification		
e) Profession		
f) Annual Income		
g) Mobile No.		
h) Landline No.		
i) Email ID		
j) No. of children	Male : Female:	

Residential Address:

Correspondence (During Term)	Permanent
Mobile Number	
Email ID	

Any other details that the Applicant / Parent wishes to indicate to justify the applicant's admission to the course:

Five sentences on why you want to join the PhD programme and what are the goals in your professional life.

I declare that the above information given is true and correct.

We understand that the admission may be cancelled if any information given is found to be incorrect.

The terms and conditions of admission to the course have been explained to us and we have understood the same fully. We hereby agree to abide by all the terms and conditions stipulated by the management of Ramaiah Medical College.

Signature with Name of the Candidate
Date: / /20 Place :

Undertaking to be given by the candidate

1. I, _____ hereby give an undertaking that, I will pay the Admission fees as prescribed by the Management at the time of registration and will abide by the rules & regulations of the Management.
2. The usage of chemicals, reagents etc., will be borne by myself.
3. If in case I receive any funding from any agency either in India or from abroad the same will be disclosed to the Institution and 10% of the funds received will be provided to the Institution.
4. If in case I discontinue the PhD course midway, no refund will be claimed by me.
5. The publications submitted during the PhD work will bear the name of the Institution – Ramaiah Medical College.
6. I understand that I will not be paid any stipend during the PhD programme.

Name & Signature of the Candidate

List of Documents to be enclosed along with the application form

1. Final Year degree marks
2. Graduate degree Certificate
3. Post-Graduate degree marks card
4. Post-Graduate degree Certificate
5. Consent letter from the guide
6. No Objection certificate from the Head of the department and the institute where he /she is employed
7. Preliminary Synopsis of the proposed thesis – three copies
8. Photograph of the candidate

Note : Attach only attested photocopies of marks card ,degree certificate, or of any other document. Produce the original at the time of Interview.