



All India Institute of Medical Sciences, Bhopal

APPLICATION FORM FOR THE Ph.D Courses

Affix your recent
coloured passport
Photograph with
signature

Advt. No. AIIMS/Bhopal /2019/AC-02 dated 20/05/2019

1. Category of fellowship applied: A* or B**
2. Code of the project under which the application is made:.....
.....
3. Preference of the project within the Code (if available)
 - i)
 - ii)
 - iii)
 - iv)
4. Name (in Block Letters)
5. Father's/Husband's Name
6. Mother's Name
7. Address (Permanent)
.....
.....
(Address proof to be enclosed)
8. Address for correspondence
.....
.....
.....
Contact No.Mobile No.....
E-mail.....

* 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 Organisation can apply

9. Date of Birth:

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 (dd/mm/yy)

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

11. Gender : M/F/ Transgender

12. Educational/ Professional Qualification:

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

13. **Research Publications/ Presentation**

Title of Publication	Author/Co Author	Name of Publication	National /International	Date of Publication/ Presentation

14. Project with Grant (If applicable)

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

15. Fellowship Details : (If applicable)

16. Work Experience:

Sr. No	Name of Department/ Section	Name of the post held	Date of Joining	Salary details	Date of Leaving

17. Whether MBBS/BDS/M.D/MS/MDS degree is recognized by Medical/Dental Council of India: Yes/No

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

A) Registration No.

B) State in which registered.

19. 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 terms & condition as prescribed and framed 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:.....

Enclosure Checklist

Sl.No	Copy of the Certificate	Please Tick
1	Class X for certificate for Date of Birth & XII Mark sheet	
2	UG Mark Sheet & Certificate (MBBS or others)	
3	Internship Completion Certificate (As applicable)	
4	Attempt Certificates	
5	MD/MS/MDS/DNB Mark sheet & Degree	
6	MCI/DCI registration (as applicable)	
7	M.Sc Mark sheet & Degree	
7	SC/ST/OBC/PH certificate issued by the competent Authority (If applicable)	
8	Fellowship approval letter	
9	Copies of any other relevant documents in support of candidature.	