



## 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 /2018/AC-03 date 16/11/2018

1. Category of fellowship applied: A\* or B\*\* .....
  2. Codes of the project under which the application is made:.....  
.....
  3. Preference of the project within the Code (if available)
    - i) .....
    - ii) .....
    - iii) .....
    - iv) .....
    - v) .....
  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. ....Mobil 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:

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

13. **Research Publications/ Presentation**

<b>Title of Publication</b>	<b>Author/Co Author</b>	<b>Name of Publication</b>	<b>National /International</b>	<b>Date of Publication/ Presentation</b>

14. Project with Grant (If applicable)

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

15. Fellowship Details : (If applicable)

**16. Work Experience:**

Sr. No	Name of Department/ Section	Name of the post held	Date of Joining	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 have no for the fellowship beyond the date specified in the advertisement. I shall abide by terms & condition as prescribed. 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 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 & XII Mark sheet/certificate for Date of Birth	
2	UG Mark Sheet & Certificate (MBBS or others)	
3	Internship Completion Certificate	
4	Attempt Certificates	
5	MD/MS/MDS/DNB Mark sheet	
6	DM /MCh. certificate	
7	MCI/DCI registration	
8	SC/ST/OBC/PH certificate issued by the competent Authority ( If applicable)	
9	Fellowship approval letter	
10	Copies of any other relevant documents	