Application Form for Ph. D. Course

(Integrated MD/MS PhD)

Applicable to students admitted to MD/MS course in the academic year 2022-23 onwards

*(Please type information; hand-written applications will not be considered)* ***Annexure 1***

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| Personal Data | | | | | |
| Name (in block letters) |  | | | | |
| Date of Birth (DD/MM/YYYY) |  | | | | Affix your recent passport size colour photograph |
| Gender | Male Female | | | |
| Phone | Residential |  | | |
| Mobile |  | | |
| E-mail |  | | | |
| Name of the Father |  | | | |
| Name of the Mother |  | | | |
| Religion |  | | Caste: |  | |
| Nationality |  | | Blood Group |  | |
| Mother Tongue |  | | State of Domicile |  | |
| MD/MS admission number |  | | Department |  | |
| Institution |  | | Date of joining to MD/MS course |  | |
| Marital Status |  | | | | |
| Spouse Name (If marital status is Married) |  | | | | |
| Spouse Phone |  | | Spouse Email |  | |
| Residential Address  with pin code |  | | | | |
| Office address  with pin code |  | | | | |
| Address for Correspondence | Office Residence | | | | |

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| Academic Record (Bachelor’s degree onwards) | | | | | | |
| Examination Passed | Specialization | Institution | | University | Year of Passing | % of Marks obtained |
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|  |  |  | |  |  |  |
| Selection for integrated MD/MS PhD admission: Qualifying Institute level test and interview results | | | | | | |
| Month and year of test:  Marks obtained: | | | | Month, Year of interview:  Interview result: | | |
| *Attach the relevant records issued by the Institution* | | | | | | |
| Proposed Research area | | | | | | |
| Title of the MD/MS thesis: | | | | | | |
| Proposed research topic for PhD: | | | | | | |
| Department and Institution  in which the candidate proposes to work and prepare thesis: | | |  | | | |
| I hereby declare that the information that I have furnished herein is true to the best of my knowledge. | | | | | | |
| Date:  Place:  **Signature of the Candidate** | | | | | | |

NOTE:

**Process Flow**

Candidate → Guide → co-guide 🡪 HOD → HOI 🡪 PhD coordinator 🡪 CDS → Admissions office→ CDS → HOI / Institution / PhD coordinator/Candidate

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| Declaration by the Guide | | | | |
| Name of the Guide: | | | | |
| Designation: | | | | |
| Department and Institution: | | | | |
| Phone: | | | | |
| Email: | | | | |
| Senate approval reference number or guide number: | | | | |
| Years of teaching experience after MD/MS: | | | | |
| The students who are presently admitted for PhD course with me are: | | | | |
| Sl. No. | Name of the student | Registering University | Date of admission | As Guide/Co-Guide |
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| I undertake the responsibility of guiding Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  for her/his Integrated MD/MS PhD degree in the proposed field of research. | | | | |
| Date:  Place: | | | | |
| **Signature**  **Note**: *Guide is permitted to supervise 2 candidates per academic year and a maximum of 8 candidates at a time.*  As co-*guide one can supervise 2 candidates per academic year and a maximum of 8 candidates at a time.* | | | | |
| Declaration by the Co-Guide | | | | |
| Name of the Co-Guide: | | | | |
| Designation: | | | | |
| Office Address: | | | | |
| Phone: | | | | |
| Email: | | | | |
| Senate approval reference number or guide number: | | | | |
| The students who are presently admitted for PhD course with me are: | | | | |
| Sl. No. | Name of the student | Registering University | Date of admission | As Guide/Co-Guide |
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| I undertake the responsibility of guiding Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  for her/his integrated MD/MS PhD degree in the proposed field of research. | | | | |
| Date:  Place: | | | | |
| **Signature**  **Note**: *Guide is permitted to supervise 2 candidates per academic year and a maximum of 8 candidates at a time.*  As co-*guide one can supervise 2 candidates per academic year and a maximum of 8 candidates at a time.* | | | | |
| Recommendation of the Head of the Department | | | | |
| The Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institute has adequate facilities for conducting the research work by  Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Under the guidance of Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| I recommend that the candidate may be permitted to take admission for Integrated MD/MS PhD Course under  Manipal Academy of Higher Education. | | | | |
| Date: Name:  Department Seal: Signature: | | | | |
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| Recommendation of the Head of the Institution | | | | |
| The Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institute has adequate facilities for conducting the research work by  Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Under the guidance of Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| I recommend that the candidate may be permitted to take admission for Integrated MD/MS PhD Course under  Manipal Academy of Higher Education. | | | | |
| Date: Name:  Institution Seal: Signature: | | | | |

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| PASSPORT and VISA DETAILS  (for foreign students only) | | | | | |
| **PASSPORT DETAILS:** | | | | | |
| Passport Number: |  | | | | |
| Issuing Authority: |  | | | | |
| Issue Place and Country: |  | | | | |
| Issue Date: |  | | Expiry Date: | |  |
| **VISA DETAILS:** | | | | | |
| VISA Number: |  | | | | |
| Issuing Authority: |  | | | | |
| Issue Place and Country: |  | | | | |
| Issue Date: |  | Expiry date: | |  | |

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| INSTRUCTIONS |
| **Application form duly filled must be submitted to the Research /PhD Coordinator of the respective institution along with the following enclosures:**   1. Attested copy of the Bachelor’s degree certificate 2. Attested copies of the mark’s cards of Bachelor’s degree 3. Valid photo identity document (Aadhaar) 4. Affidavit and Newspaper notification details for change of name (if any) 5. Institutional level test and interview results issued by the Institution 6. Copy of Joining report of MD/MS course 7. Use separate co-guide declaration sheet if more than one co-guide has been allotted to the candidate   *Following verification, PhD coordinator to send the hard copy of all the above-mentioned documents to:*  **The Deputy Director**  **Centre for Doctoral Studies,**  **Directorate of Research**  **Ground Floor, Advanced Research Centre**  **Manipal Academy of Higher Education   Manipal-576104 |Karnataka |India  Tel: +918202922017** |

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| Verification by PhD coordinator | | | |
| **Documents Verified Status:** | YES | NO | NA |
| Attested copy of the Bachelor’s degree certificate |  |  |  |
| Attested copies of the mark’s cards of Bachelor’s degree |  |  |  |
| Valid photo identity document (Aadhaar) |  |  |  |
| Affidavit for change of name (if any) |  |  |  |
| Institute level test results |  |  |  |
| Institute level interview results |  |  |  |
| Joining report of MD/MS course |  |  |  |
| Guide has < 8 candidates admitted with him |  |  |  |
| Guide is a postgraduate medical teacher with 15 years of teaching experience after MD/MS |  |  |  |
| Co-Guide is co-guiding < 8 candidates |  |  |  |

Remarks if any:

Date: Name and Signature of PhD coordinator

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| FOR CDS OFFICE USE ONLY | | |
| Application Number: | | |
| Admission number: | | |
| **Documents Verified** | YES | NO |
| Remarks by office:  Date: Signature | | |
| **VERIFICATION BY CDS FACULTY COORDINATOR** | | |
| Documents Verified | Yes | NO |
| Remarks:  Date of Admission: Duration of course:  Date: Signature | | |