SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITASR

(Established Under Punjab Govt. Act No. 43 of 2016)

Doctor of Philosophy (Ph.D.) Application Form

To be filled in BLOCK Letters only

Ph. D. (Specify Name of speciality):

1) Name of Candidate
   (As it appears in your Degree/ Certificate)

Affix Recent Passport Photograph here

2) Date of Birth   D D M M Y Y   Gender Male ☐ Female ☐

3) Marital Status   Married ☐   Unmarried ☐   Blood Group

4) Father's Name

5) Mother's Name

6) Nationality   Mother Tongue

7) Religion   Caste

8) State of Domicile

9) Correspondence to be sent to   Residential Address ☐   Office Address ☐

Residential Address   **Office Address**

State   State

(Tel.)/ (M) -   (Tel.)/ (M) -

E – Mail Address   E – Mail Address

Academic Record

Last examination passed & year of passing	Specialization	Institution	University	Percentage of Marks	Class Obtained

➤ *Male Left Thumb Impression*

➤ *Female Right Thumb Impression*

FULL *Signature of the Candidate*

Date_____

Research Experience if any (Provide detail)

Application fee detail

BANK DRAFT NO..in favour of Registrar, Sri Guru Ram Das University of Health Sciences, Payable at Amritsar Date of issue...............................……………..………. Name/Branch .... Amount ……..…………………………………

I hereby declare that the information that I have furnished herein is true to the best of my knowledge.

Place:_____

Date: _____   Signature of the Candidate

Enclosures:
- Attested copy of the degree certificate of qualifying examinations
- Attested copy of the mark card of qualifying examinations
- Attested copy of the 10th / Matriculation Certificate for D.O.B.
- Experience Certificate (if any)
- Research Experience Certificate (if any)
- Any other relevant document
- Demand Draft (Application Fee)

Last date for submission of Application Form is 15/08/2018.