

Application for Final Registration and Eligibility for PhD Course

Faculty: Subject/Speciality:

Name of the College/Institute/Laboratory:

PhD Entrance Test Seat no.: Category:

Date of Counseling: Date of Admission:

Name of the Guide:

Admission Category (Please TICK): As a Regular-Student MPMSU Teacher

Registration Fee: Rs DD No dated Bank & Branch.

To,

The Registrar
Madhya Pradesh Medical Sciences University, Jabalpur.

Sir,

I hereby apply for final registration to the PhD Course. I state that I have not been registered as a student for this or any other Degree in this or any other University. The required details about me are as follows:

1. Name (in CAPITAL):
(Surname) (Name) (Father/Husband) (Mother's Name)

2. Date of Birth: 3. Gender: Male Female 4. Nationality:

5. Permanent Address:
.....PIN

6. Present (Local) Address:
PIN

7. Contact: Mobile: Phone - (0) e-mail:

8. Category (Please TICK) (attach attested copies of all relevant documents):

Open SC ST OBC

9. Details of Qualification in Chronological Order (attach attested copies of university degree):

Sr. No	Qualification level Nomenclature	Year Passing	Name of College	University	% Obtained
1	UG Degree				
2	PG Degree				
3	PG Diploma				
4	DNB				
5	PhD				
6	Any other				

10. Details of Teaching Experience in Chronological Order (attach attested copies of all relevant documents):

Sr. No.	Designation	Subject	Department	Period	Total Experience	University approval/recognition letter no. and date
1						
2						
3						
4						
5						

(a) Total UG Teaching Experience: years. months

(b) Total PG Teaching Experience: years. months

11. Details of Publications/Research Publications in Chronological Order:
(attach attested copies of all relevant documents)

Sr. No.	Title of Paper/Book	Name of Research Journal	Issue no. & month of Publication	Whether as a first author or other
1				
2				
3				
4				
5				
6				
7				

12. Details of professional experience, if any (attach necessary certificates):

(i) Nature of professional experience:

(ii) The institute where professional experience was gained:

(iii) Period of professional experience:

13. Name of the Research Guide: **Designation Department:**
Address:

Number of students registered under the guide in current Academic Year:.....
Number of all students registered under guide and still not completed PhD:.....

14. Name of the Co-Guide (if any):

Designation **Department:**
Address:

15. Title of the Synopsis (Outline of Research):

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16. Whether 2 copies of synopsis are attached : Yes/No
17. Whether one-e-copy (CD/DVD) of synopsis is enclosed : Yes/No
18. Whether approval from College Research Committee was obtained : Yes/No
(attach copy of letter)
19. Whether approval from Institutional Ethical Committee was obtained : Yes/No
(attach copy of letter)
20. Whether candidate is fulfilling eligibility conditions : Yes/No

Enclosures:

Sr. No.	Name of the Documents	Attached(Yes/No)	Page Number
1	Copy of PhD Entrance Test Mark-list		
2	Date of Birth Certificate		
3	Caste Certificate		
4	Migration Certificate		
5	U.G. Degree Certificate		
6	PG Degree Certificate		
7	Experience Certificate		
8	Copy of No Objection Certificate from employer		
9	Copy of Relieving Letter		
10	Copy of Approval Letter as a Teacher		
11	State Council Registration Certificate		
12	Copy of Receipt of fees paid at Centre		
13	2 Passport size colour photographs		
14	Copy of Research Publications		
15	Copy of Report of Research Committee		
16	Copy of Report of E.I.C.		

Date:

Signature of Applicant

Undertaking by the Candidate

I, Dr/Mr/Ms
 hereby declare that, all the particulars given above related to me are true, to the best of my knowledge. I have read the Rules for the Degree of Doctor of Philosophy (PhD) prescribed by the Madhya Pradesh Medical Sciences University, Jabalpur, and I undertake to abide by them. I also undertake to regularly work at the Place of Research and as per the recommendation of Research Guide.

Thanking you.

Yours sincerely,

Date:

Place:

Signature of Applicant

Recommendation of the Guide

I, Dr/Mr/Ms.....allotted Guide for, Dr/Mr/Ms.....hereby certify that the Synopsis/Outline of research of Dr/Mr/Ms is prepared under my guidance/supervision and is a genuine work. I recommend the same for further Final Registration. Presently.....students are registered under me for PhD Course under Madhya Pradesh Medical Sciences University, Jabalpur.

Place:

Date:

Signature & Name of the Guide

Recommendation of the Head of the Department

I am pleased to forward the final draft of Synopsis prepared by, Dr/Mr/Ms.....under guidance of Dr/Mr/Ms.....at this institute.

I certify that this final draft is approved by IRC & IEC of this Institute.

Place:

Date:

Seal:

Signature with stamp of HoD

Recommendation of the Head of the Research Institute

I am pleased to forward the final draft of Synopsis prepared by, Dr/Mr/Ms.....under guidance of Dr/Mr/Ms.....at this institute. I certify that this final draft is approved by IRC & IEC of this Institute and all the fees for admission to PhD Course are paid by the candidate.

Place:

Date:

Seal

Signature with stamp of

Head of the Research Institute

To,
 The Registrar
 Madhya Pradesh Medical Sciences University, Jabalpur.

Through:

The Dean/Principal/Director,.....

Subject: Six Monthly Progress Report of Dr/Mr/Ms.....under the
 Guidance of Dr.....Academic Year 20. . - 20....

Respected Sir/Madam,

I, Dr/Mr/Ms.....bearing Entrance Test Seat
 No.....Permanent Registration No.....here by submitting my Six Monthly
 Progress Report to the University as under:—

- 3. Date of Provisional Registration:.....
- 4. Date of Permanent Registration:
- 5. Permanent Registration Number:
- 6. Tentative date of completion:
- 7. Name of Subject/Specialty:
- 8. Name of the Guide:
- 9. Report period: From to
- 10. Report number: First/Second/Third/Fourth/Fifth/Six.....
- 11. Date of previous report:.....
- 12. Date of Pre-PhD Seminar (for last report only):.....

Place:

No. of participants:

- 13. Details of Report: (give details in brief, regarding literary review, pilot work, presentation of papers, publication of papers, details of attended workshops/seminars/conferences-related to research topic, completed clinical work stages, stages of completed laboratorial works, attendance at department/institute, etc. please enclose all the related documents)

.....

Date :

Signature of Applicant

Certificate from Guide

This is to certify that, the above-mentioned work, carried out by Dr/Mr/Ms.
, is carried out under my direct supervision and is true. The overall work
 and attendance of candidate during the period **from. . . to is satisfactory/unsatisfactory. Hence, forwarded
 to the University.**

Date :

Date:

Signature and Name of the Guide
 Signature, Name and Stamp of the HoD

Satisfactory Performance, hence forwarded to the University

Date:

Place:

Signature with Stamp of Head of
 Institute/Dean/Principal