



Paste a recent
Passport size
photo

BAY UNIVERSITY

SCHOOL OF MEDICINE

Allied Health Sciences & Research Center

APPLICATION FOR REGISTRATION TO Ph.D PROGRAMME

*Particulars of the Applicant
(To be filled by the candidate)*

SECTION - A

1.	Name of the Candidate (In Block Letters)	
2.	Age & Date of Birth	
3.	Permanent Address with Email and Contact Number	
4.	Address for correspondence with email and contact number	
5.	Nationality <i>(Foreign Nationals should specify their country of origin and give valid Identification Details)</i>	
6.	Present employment, if any	

7.	Type of Ph.D. registration sought for (Full-time/ Part-time)	
8.	Discipline/ Subject in which registration is required	
8a.	Is the proposed research interdisciplinary (Yes/ No)	
8b.	If yes, specify the area of study	
9.	Name of the University Department/ College & Department/ Other Research Centre where admission is required	
10.	Name, Designation & Centre of the Research Supervisor for the Ph.D. programme	
11.	Have you ever been registered for a Ph.D. programme in this University or elsewhere? (Yes/ No)	
11 a.	If yes, give details of your earlier registration (University, year, discipline, name of the Guide etc.)	
12.	Are you a recipient of any Research Fellowship/ a valid Fellowship offer? (Yes/ No)	
12 a.	If yes, give details such as type of fellowship and period, and nature of selection for the fellowship	
13.	Are you working under a research project? (Yes/ No)	
13 a.	If yes, specify the project name, funding agency, duration, and name of the Principal Investigator	

SECTION – B

NO	DEGREE PASSED	SUBJECT	YEAR OF PASSING	GRADE % OF MARKS
1.				
2.				
3.				

SECTION – C

Declaration of the Candidate

I, son/ daughter of, hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief.

Date:

Signature of the Candidate

(Attach attested copies of certificates of educational qualifications and community and original receipt of fee paid. Employed persons should attach the NOC obtained from the employer in original. The synopsis shall be separately attached)

Please see the checklist of documents to be submitted along with the application form on the last page of the application form

SECTION – D
Declaration of the Supervisor

1.	Name, Designation & College/ Dept./ Institution where the Supervisor is currently working								
2.	Name and official address of the Joint-Supervisor, if any								
3.	Name of the Research Centre where Guideship was granted								
4.	Number & date of the University Order granting Guideship								
5.	Name of the student you are willing to guide for Ph.D.								
6 a.	Details of Ph.D. Scholars under your supervision <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">No. of Ph.D. Scholars under your supervision</td> <td style="width: 25%; text-align: center;">No. of vacancy reported to the University for entrance category candidates</td> <td style="width: 25%; text-align: center;">No. of vacancy other than reported vacancy</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>	No. of Ph.D. Scholars under your supervision	No. of vacancy reported to the University for entrance category candidates	No. of vacancy other than reported vacancy					
No. of Ph.D. Scholars under your supervision	No. of vacancy reported to the University for entrance category candidates	No. of vacancy other than reported vacancy							
6 b.	No. of Ph.D. scholars under your Joint-Supervision								
7.	Are you guiding research scholars for Ph.D. programmes of other universities? If yes, number of scholars in each case								
8.	Is this research scholar your immediate relative?								
9.	Has the consent of the Head of the Research Centre obtained for admitting this research scholar for the Ph.D. programme? Has the consent of the Head of the Research Centre obtained for admitting this research scholar for the Ph.D. programme?								
10.	Dated Signature								

SECTION – E

Declaration by the Head of the Research Centre
(To be signed by the Head of the Dept./ Institution)

The Department/ College/ Centre, where the Research Supervisor is registered as a recognized Research Guide of the University, is willing to support the research programme of this candidate and shall extend its facilities during the course of the programme.

Place:

Date:

(SEAL)

Signature of the Head of the Dept./ Institution
(Research Centre)