



Application Form for admission to Ph.D. Program (session 2017-18)

(Application form to be filled legibly and correctly in capital letters by the candidate)

To be filled in by University Received Rs. 2,000/- vide receipt No..... Dated..... <p align="right">Cashier</p>
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Note : Please Read all the Rules/Regulations of Ph.D. uploaded on the University website carefully before filling the Application Form.

Discipline (Tick ✓ the block) : Medicine Dentistry Nursing Physiotherapy

Post Graduate examination (with subject) passed _____

1. Name of the Candidate (as given in Class X Certificate)

First Name :	<input type="text"/>
Surname :	<input type="text"/>
Contact No.	<input type="text"/>
E-mail ID	<input type="text"/>
Father's Name:	<input type="text"/>
Mother's Name:	<input type="text"/>



2. Address :

Tel. No.(R) (Telephone Number with STD code) Mobile No.

3. **Date of Birth:** (Day) (Month) (Year) 4. **Nationality :** _____

Place of Birth: State Country

5. **Gender:** Male Female

6. **Aadhar Card No.**

7. **Category :** General SC ST OBC

8. Details of the Examination(s) Passed :

S. No.	Exam Passed	Year	Name of Board/ University	Name of School/college	Subject	Max. Marks	Marks Obtained	Percentage of Marks	Remarks
1.	10 th								
2.	12 th								
3.	Graduation								
4.	Post Graduation								
5.	Any other Qualification								

9. If seeking exemption from appearing in the written Entrance Test (as per UGC Regulations, 2016) :

Examination qualified	Name of the examination body	Month & Year	Supporting documents enclosed, if any
NET/SLET/INSPIRE			

10. Details of current employment (if any) :

Name of Organization /University/Institution/ College	Name of the Post	Present Pay & Grade	Nature of Appointment	Date of Joining	Remarks

11. Downloaded application form complete in all respect should be sent by post/submitted personally in the office of the Registrar, Mahatma Gandhi University of Medical Sciences & Technology, RIICO Institutional area, Sitapura, Jaipur – 302022 along with the cost of application form Rs. 2000/- by cash (to be deposited in the University Accounts Department)/DD drawn in favour of Mahatma Gandhi University of Medical Sciences & Technology payable at Jaipur.

D.D. No. _____ Date _____ Name of the Bank _____

LIST OF ENCLOSURES

- (1) Self attested photocopy of class 10th Certificate/marks sheet showing date of birth.
- (2) Self attested photocopy of the Graduate level examination Marks sheet.
- (3) Self attested photocopy of the Marks sheet of the qualifying examination (MD/MS/DNB/M.Sc. (Medical)/MDS/M.Sc. (Nursing)/MPT/MOT as per the eligibility of the course).
- (4) Self attested photocopy of marks sheet/Certificate of the examination on the basis of which the candidate is seeking exemption from the entrance test.
- (5) No objection certificate/permission from the present employer for admission to Ph.D. program.
- (6) Demand Draft/Photocopy of Cash Receipt.

Please Tick (✓) the documents you have annexed.

DECLARATION/UNDERTAKING

I declare that all the information furnished by me in the application form is true to the best of my knowledge. If any information found false, my application may be rejected.

I will submit my original Certificate and Marks sheets, Caste Certificate, T.C., Migration Certificate, Character Certificate and other Undertakings/Declarations etc before my admission.

I will join Ph.D. program only after submission of permission/NOC from my employer (applicable only for in service applicants)

Date_____

Place_____

Signature of the applicant

Note –

Incomplete application forms, the application forms without Demand Draft and the application forms received late due to any reason including postal delay shall not be accepted.


Application Form shall not be accepted without fee of Rs. 2000/- Cash/DD. This also includes Entrance Test fee.

Application Form shall also not be accepted after the last date.

For further updations and Entrance Test Schedule, please see **www.mgumst.org** regularly.




Mahatma Gandhi University of Medical Sciences & Technology, Jaipur
ADMIT CARD – Student Copy

Entrance Test for admission to Ph.D. Course in the disciplines of Medicine, Dentistry and Physiotherapy, 2017	Roll No.	
Name of Centre – Vivekanand Hall of the University	 Signature of Student	
Date of Exam		
Exam Time		
Name of Candidate		
Father's Name		
All details in the Admit Card are correct		
Signature of Candidate	Sign. & Seal of the Centre Superintendent	Controller of Examinations



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ADMIT CARD – Centre Copy

Entrance Test for admission to Ph.D. Course in the disciplines of Medicine, Dentistry and Physiotherapy, 2017	Roll No.	
Name of Centre – Vivekanand Hall of the University	 Signature of Student	
Date of Exam		
Exam Time		
Name of Candidate		
Father's Name		
All details in the Admit Card are correct		
Signature of Candidate (in the examination hall)	Sign. & Seal of the Centre Superintendent	Controller of Examinations