APPLICATION NO	SESSION: JULY-2014
	TE OF MEDICAL EDUCATION & RESEARCH, CHANDIGARH ION FOR THE ADMISSION IN PH.D COURSE
Challan/INB Ref. No. IMPORTANT INSTRUCTION prospectus carefully before	NS:1. Please read the prospectus and the instruction given in filling this form. 2; Use blue or black ball pen for filling this form. the box against columns 1, 2, 6, 7, 10 d. 4. The change of category
1. Category Schedule General Caste Tribe (Note: The Change of category at any stage will not be	Sponsored/ Foreign Deputed National Deputed (Sponsored) Deputed (Sponsored) Deputed (Sponsored)
2(a). Department Choice	2(b). Name of the Faculty
3. Full Name of applicant (In CAPITAL Letters and as per matr	riculation certificate) Please don't write Dr./Mr./Mrs./Ms. before names.
4. a) Father's/Husband's Name (In CAPITAL Letters)	
b) Mother's Name (In CAPITAL Letters)	
5. Sex 6. Nationality	7. Date of Birth
Male Female Indian Others	Date Month Year
8. Details of qualifying examination passed (a) Name of the Institution/University (b) Month & Year of Admission	(d) Qualifying Examination (v) in the apropriate box Equiv. MBBS BDS MSc to MSc MD MS WHETHER PASSED FINAL SEMESTER YES OR NO
MONTH YEAR (c) Month & Year of passing the examination	(e) Total Marks in 1st+2nd+3rd (4th, if any) Professional / Univ. Examination Maximum Marks Marks obtained Percentage
MONTH YEAR	
9. (a). Date of starting Internship	(b) Date / Expected date of completion of Internship (c) No. of days
Date Month Year	Date Month Year
10. Name of the Institution/University from which examination Whether recognised by Medical Council of India? YES or NO	
12. Medical / Dental Registration No. a) Permanent b) Provisional	c) Date of Registration D D M M Y Y Y Y
Sylvermanent Sylvermanent Sylvermanent	
13. Ph.D Registration under which category applied ?	14. PHOTOGRAPH 15. Ph.D under which category applied
i) For the grant of fellowship from the Institute.	i) MEDICAL
ii) Research Scheme employee.	Paste Passport Size ii) NON-MEDICAL
iii) In Service candidate of the Institute.	coloured Photograph with Name and Date coloured Photograph with I iii) SOCIAL BEHAVIOUR SCIENCES
iv) Sponsored/Deputed Candidate v) On the basis of Net fellowship by UGC, JRF by	16. SIGNATURE OF THE CANDIDATE
DETAIL OF FEE (Please see General Information column 1 Challan/Journal/INB Reference No	at page no. 16 of Prospectus)in favour of Director, PGI , Chandigarh,
Account No. 32211613319 or SBI i-collect service Account	ount No. 3222954695. SBI Branch Name & Code No

6. Address :	
A) Permanent Address :	B) Corresponding Address :
Contact Telephone No. with STD Code	Contact Telephone No. with STD Code
Mobile No.:	Mobile No.:
E-mail:	
7. Do you belong to Scheduled Caste/Tribe? yes, state your Cast and religion (Attach proof)	:
B. Married or Unmarried i married, wife/husband name and occupation)	:
).Nationality	:
D.State/Union Territory to which you belong	:
I. Are you employed if yes, give the following details :	
a) Date of Joining as regular service	:
b) Nature of job (Permanent/Contractual	÷
c) Name of the Institution/Hospital Govt./ Semi Govt./ Pvt.	<u> </u>
d) Designation	÷
e) Pay Scale	÷
f) Name of employer	÷
2. Are you being sponsored/deputed by your employer? if sponsored, the application must be accompanied with sponsorship, deputation certificate in the form printed at Annexure 'B' 3. Have you any contact person/guardian in Chandigarh. If so, mention his/her address Telephone No., If any.	:
INTERNSH	HIP CERTIFICATE
(To be submitted by the candidate whose Internship is complete	te or likely to be completed by 30th june/31st Dec for July & Jan session repectively.)
Certified that Dr.	has undergone/presently been undergoing 12 -months compulsory
Rotating Internship Training at	college which started
onand has completed or is likely to be	e completed on
Place :	
Date :	
	Signature & Seal of Dean/Registrar/Principal/ Medical Superintendent of the Institution from where the candidate or is undergoing internship.

DECLARATION BY CANDIDATE				
1. I hereby declare that the application has been filled in my own handw true, complete, and correct to the best of my knowledge and belief and not of any statement being found false or incorrect or any ineligibitly being detecte such removal of my name from the rolls and / or other action as may be con-	hing has been concealed. In the event ed before or after the selection, action as			
 aganist me. I also declare that I have carefully read the contents of the Prospectus in respect of the course applied for by me and undertake to abide by the provision contained therein. I further declare that I fulfil all the eligibility conditions regarding educational qualification, experience etc. prescribed by the Institute for admission to the course applied for by me. If selected: 				
(a)I agree to work on whole time basis: (b)I shall not engage myself in private practice or part time job during (c)I shall not draw any pay, fellowship or any kind of monetary assista allowed emoluments by the Institute. Place	-			
Date	Signature of the applicant			
DECLARATION BY THE FATHER/GUARDIAN OF T	THE APPLICANT			
I hereby declare that I shall be responsible for timely payment of all dues payable of Medical Education & Research, Chandigarh in respect of my son/daughter/ward(during the period of his/her stay at the institute and until their dues are cleared. Address				
ENDORSEMENT BY THE EMPLOYER, IF THE APPLICANT IS IN SERVICE				
No Forwarded to the REGISTRAR, Postgraduate Institute of Medical Educa consideration. The undersigned has no objection to the applicant of Dr the Institute for the course applied for by him/her and if selected, he/she will be limit. The applicant is "sponspored /deputed or not sponsored /deputed by us a certificate is enclosed.	being considered by e relieved within, the prescribed time and the sponsorship/deputation -			
Address	Signature of employer			
*Strike out whichever is not applicable	with official seal			
RECOMMENDATION FROM CONCERNED FACULTY MEMBER				
I Dr recommended Mr./Ms to submit application for Ph.D. Programme under my guidance.	Signature of the faculty with official seal			

[TO BE FILLED BY APPLICANTS FOR Ph.D PROGRAMME]

CERTIFICATE IS APPLICABLE TO THE CANDIDATES WORKING UNDER THE INVESTIGATOR OR THE RESEARCH SCHEME SANCTIONED IN PGI

Certified that Sh/Ms	
Son/daughter of Sh	who is applying for the Ph.D
programme of Postgraduate Institute of Medical	Education and Research, Chandigarh is working under me since
as res	earch empolyee in the research scheme entitled:-
The research Project under which he/she is working objection to his/her application being considered for His/her work and conduct are satisfactory	ng will continue for a minimum period of three to five years. I have nor Ph.D programme at PGI, Chandigarh.
	Signature of Investigator of the Research Scheme
	(Name in Block Capital Letters)
	Designation
	Official Seal

RECOMMENDATION OF HEAD OF DEPTT.

APPLICATION MUST BE TAGGED PROPERLY & ALL THE ENCLOSURES MUST ACCOMPANY THE APPLICATION IN SEQUENCE AS PER THE ENCLOSURE LIST GIVEN BELOW

Please stapled three extra Passport size coloured photographs here

Signature of the Candidate

Documents	Enclosure No.				
Attested copy of Matriculation / Higher Secondary Certificate Showing Date of Birth					
 Attested copy of Certificate of passing MBBS/BDS/M.Sc./M.A M Pharma examination 					
3. Attested copy of detailed marksheets of qualifying examination					
4. Internship completion certificate (who possesses MBBS/BDS Qualification)					
 Attested copy of Certificate of permanent Registration with Central / State Medical Registration Council / Dental Council of India 					
 Attested copies of following Certificates (See performas in Prospectus) whatever applicable i) Caste Certificate in Prescribed Form SC/ST (Annexure 'A' (in Hindi or English Version only) ii) Sponsorship Certificate (Annexure 'B') 					
7. Two self addressed envelopes of size 10x23 cms. Rs. 10/- Postage stan on each envelope for use by this office for sending interview letter etc.	np				
8. Attach a copy of Challan Form					
For Gen/Spon/FNcandidates For SC/ST candidates	: 1000/- : 800/-				
Note: Students having their own fellowship are required to appear for departmental interviews without going through the entrance examination procedure.					
IMPORTANT NOTE					
In case any candidate is found to have supplied false information of to have concealed or withheld some information in his/her applicatio debarred from admission. Any other action that may be considered appropriate by the Director be taken against him/her which may include criminal prosecution.	n form, He/she shall be				
Date					
Place No. of Enclosures:					