AMRITA
VISHWA VIDYAPEETHAM
DEEMED TO BE UNIVERSITY

AMRITA

Application No.

VISHWA VIDYAPEETHAM

University

Established u/s 3 of the UGC Act, 1956

Photo

AMRITA SCHOOL OF MEDICINE

Kochi-6, India

APPLICATION FORM FOR ADMISSION TO Ph.D. PROGRAMME (Full Time/Part Time)

Tick the programme for which you are applying

(*All columns to be filled only in CAPITAL LETTERS- enclosed attested copies of certificates*)

1. **Name of the candidate as given in the SSLC or equivalent certificate (leave blank space between name and initials)**

Gender: Male / Female Religion:_____ Caste:_____ Community:_____

(SC, ST, MBC, BC, OBC, OC)

2. **Father's name** _____

3. **Mother's name** _____

4. (a**) Address for communication:**

PIN Code: | | | | | | |

Phone no. _____ _____

(STD Code)

Mobile no. _____

Email ID (Official):

(b) **Permanent address:**

PIN Code : | | | | | | |

Phone no. _____ _____

(STD Code)

Mobile no. _____

Email ID (Personal):

5. (a) Main Area to which the applicant seeks admission (Medical/ Dental/ Nursing/ Pharmacy etc) :

(b) Department under which you wish to pursue the study

(c) Statement of purpose: _____

(Please enclose a one-page write-up about your purpose. It should also explain broadly your proposed research topic

(d): A letter from a Senior Faculty of Amrita Institute of Medical Sciences/Associated Institutes/Colleges of Amrita Vishwa Vidyapeetham expressing willingness to Guide you for the Doctoral Program.

6. Academic record

Sl.No.	College	University	Degree Obtained	Year (From – To)	Average % of marks/ CGPA(10 point)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Note: If any degree (UG or PG) was obtained through correspondence course/ distance education mode, please specify.

7. Additional examinations passed if any (like UGC- JRF/ Lectureship/ CSIR/ DAE etc.)

S.No.	Name of Examination	Year
1.		
2.		
3.		
4.		

8. Professional experience (Teaching / Research), if any:

S.No.	Period		Organization	Designation & Nature of Work
	From	To		
1.				
2.				
3.				
4.				
5.				
6.				

9.Please enclose 3 letters of reference from persons you know professionally. List the Name, Designation and Affiliation of your referees. Please ensure that contact details (phone no with email) of the referees are included in the reference letters.

Name	Designation	Affiliation

10.Personal details

Blood Group :_____ Native Place : _____

Date of Birth :_____ Native District : _____

Marital Status :_____ State : _____

Mother Tongue: _____ Nationality : _____

Aadhar Number: **Pan Card Number:**

11. Details of Guide

Name and Designation of the Guide: **email ID:**

Department of Guide: **Contact Number:**

12.List of documents to be enclosed. (Please send only the self-attested copies)

1. SSLC or Equivalent Certificate.
2. Degree/ Provisional Certificate.
3. Statement of marks for all the semester/Years.
4. Certificate/Mark sheet of additional examinations in respect of serial no.7.
5. The statement of purpose
6. Updated curriculum vitae including list of publications & conference presentation
7. **Willingness letter from Amrita Faculty to become the guide**.

13. **DECLARATION**

I, _____ Son / Daughter of _____ hereby declare that the particulars given by me in the application are true. I shall produce the original certificates at the time of admission or on demand. `If, in future, any information is found to have been furnished falsely or incorrectly or any information suppressed to secure admission, I shall withdraw from the programme without any claim or consideration. I further state that I have read and understood the contents of the instructions and the brochure given with the application before filling the application.

Place: Signature of the Applicant:

Date: Name: _____

The completed hard copy of the application together with the necessary enclosures should be submitted before the due date for accepting the application

Head, Post Graduate Programmes & Research,

Dept. of Health Sciences Research, Amrita School of Medicine,

Amrita Vishwa Vidyapeetham (Kochi Campus) AIMS Ponekkara P.O., Kochi,
Kerala, India 682041

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Unique ID assigned for candidates | |