**King George’s Medical University, U.P., Lucknow**

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| **Roll No.** |  |  |  |  |  |

***(To be filled by the Office)***

**Application Form**

**Ph.D. Program Entrance – 2017**

Clear Passport size photograph (Full front face, no cap, hat or dark glasses) duly attested by Gazetted officer.

(Incomplete application will not be entertained)

1. Name of Candidate : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In Block Letters)

1. uke (fgUnh es½ : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Sex Male/Female : Male Female
4. Date of Birth : Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_
5. Category : General OBC SC ST

1. Mailing Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Permanent Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact No. (Landline): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. E-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. Educational Qualifications** (please provide the attested copy of mark sheets)**:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Examination*** | ***Subject*** | ***Name of Institute*** | ***Year*** | ***% Marks*** |
| High School |  |  |  |  |
| Intermediate |  |  |  |  |
| Graduation |  |  |  |  |
| Post graduation |  |  |  |  |
| Any other |  |  |  |  |

***Eligibility:*** *Graduate & PG degree with at least 60% marks. For Medical/Dental candidates MD/MS/MDS with at least 60% marks in MBBS/BDS aggregate.*

12. **Source of funding for the proposed work** (Candidates without secure funding will not be registered as per point 4.a.3 of PhD Program Rules & Regulations, please provide the attested copy of sanction letter): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

13. **Department you want to join for PhD work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Chose one from the list of departments where vacancies exists for 2017)

14. **Research experiences in past, if any:**

Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. **List of publications if any** (please attach a photocopy of best five publications):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.N. | Title of paper | Name of the journal | Volume | Year of publication |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

16. **Professional/Employment Record** (if any, in chronological order);

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.N. | Type of Fellowship/ Employment | Name of Institution | Period | Amount of Fellowship/Salary | Nature of Duties |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Are you in Service Yes/No

If yes, name & address of employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Whether permission of Employer enclosed Yes/No

**For Candidate in Service**

I/We have no objection if Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ employed as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ appears in the Entrance Examination (Session 2017) for admission to Ph.D. course in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If selected, he/she will be sanctioned leave for at least 2 years and will be relieved in time for joining the course.

Date and Place Signature & Seal of Employer

**Declaration**

I hereby declare that the particulars given in this application form are correct. If any relevant information is found to be concealed or incorrect my candidature/ admission may be cancelled.

Date and Place Signature of the Candidate

**To be filled by the Candidate:**

***Application Fee:*** Kindly submit a draft of Rs. 1500/- (Rupees One Thousand and Five Hundred Only) in favour of “KGMU-PhD Program A/c” payable at Lucknow

Amount: Rs. 1500/- (Rupees One Thousand and Five Hundred Only)

Draft Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_ Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Check List of Enclosures:***

1. Draft of Rs. 1500/- in favour of “KGMU-PhD Program A/c”
2. Attested Copies of Mark Sheets of Graduation & Post Graduation Degrees
3. Attested copy of Document in support of source of funding
4. Attested copy of High School Certificate for the proof of Date of Birth
5. Attested copy of Caste Certificate (If applicable)

**Important Dates:**

* ***Last date of submission of Completed Application forms 7th July 2017.***
* ***The written examination will be held on 22nd July 2017 (Saturday) from 11.00 AM.***

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| **Roll No.** |  |  |  |  |  |

***(To be filled by the Office)***

**King George’s Medical University, U.P., Lucknow**

**[Ph.D. Program Entrance – 2017]**

**Verification Sheet**

Clear Passport size photograph (Full front face, no cap, hat or dark glasses) duly attested by Head of the Institution from which he/she has passed P.G.

(To be filled in by the candidate)

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(From which the candidate has passed P.G.)

1. Signature of the Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coordinator**

PhD Program Entrance Exam 2017,

KGMU, UP, Lucknow

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| **Roll No.** |  |  |  |  |  |

***(To be filled by the Office)***

**King George’s Medical University, U.P., Lucknow**

**[Ph.D. Program Entrance – 2017]**

**Admit Card**

Clear Passport size photograph (Full front face, no cap, hat or dark glasses) duly attested

(To be filled in by the candidate)

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(From which the candidate has passed P.G.)

1. Signature of the Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coordinator**

PhD Program Entrance Exam 2017,

KGMU, UP, Lucknow

**Important:**

* 1. Entrance Written Examination will be held on ***22nd July 2017*** at ***11.00 AM*** in the ***Administrative Block, King George’s Medical University, U.P., Lucknow***.
  2. Please report 30 minutes before the time of examination.
  3. Please be seated 15 minutes before the time of Examination.