

## **AMRITA**

## VISHWA VIDYAPEETHAM

University

Established u/s 3 of the UGC Act, 1956

Photo

## **AMRITA SCHOOL OF MEDICINE**

Faridabad, Haryana, 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)

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: Male / Female Religion:							Caste:							Community <u>:</u>													
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	etter from a Senior Faculty o	of Amrita Institute of Me	dical Sciences willing t	o Guide you	ı for the Doctoral Progran					
			Degree		Average % of marks/					
S.No.	College	University	Obtained	Year	CGPA( 10 point)					
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Note: If any degree (UG or PG) was obtained through correspondence course/ distance education mode, please specify.

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

Year

Name of Examination

7.

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10.Personal details	
Blood Group :	Native Place :
Date of Birth :	Native District :
Marital Status :	State :
Mother Tongue:	Nationality :
Aadhar Number:	
<ol> <li>List of documents to be enclosed. (Please send on 1. SSLC or Equivalent Certificate.</li> <li>Degree/ Provisional Certificate.</li> <li>Statement of marks for all the semester/Year</li> <li>Certificate/Mark sheet of additional examina</li> <li>The statement of purpose</li> <li>Updated curriculum vitae including list of put</li> <li>Letters of recommendation x 03</li> <li>Willingness letter from Amrita Faculty to be</li> <li>The application forms complete in all respect sha without entering into any communication with the</li> </ol>	rs.  tions in respect of serial no.7.  plications & conference presentation  come the guide.  Il only be entertained and the incomplete applications shall be rejected
13. DEC	CLARATION
admission or on demand. `If, in future, any information is f suppressed to secure admission, I shall withdraw from the	on / Daughter of
Place:	signature of the Applicant:
Date:	Name:
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