

APPLICATION FORM

**Rajiv Gandhi University of Health Sciences, Karnataka  
4<sup>th</sup> 'T' Block, Jayanagar, Bangalore-560 041**



Application for the Registration for the Ph.D Degree (Medical) as Full time Scholars in the Department of Reproductive Biology /Embryology

1.	Name in full (in capital letters)					
2.	Permanent address in full  Telephone No, Fax, e-mail, if any					
3.	Address for correspondence  Telephone No, Fax, e-mail, if any					
4.	Sex					
5.	Nationality					
6.	Date of Birth (in figures)					
7.	Details about Under-Graduate and Post-Graduate degrees					
Sl. No.	Degree	Name of the College/Institution	Year of passing	Subjects studied	Division/ Grade	Percentage of Marks

8.	Title of the proposed research work/thesis for Ph.D with a Synopsis of the work to be carried out (enclose six copies of the Synopsis)	
9.	College/Institution in which the candidate proposes to conduct the research work for Ph.D course	BACC Healthcare Pvt. Ltd.
10.	Name, Qualifications & Designation of the Guide, who will be guiding the candidate	Dr.Kamini A. Rao, DGO, DORCP, DCh, FRCOG, (UK) M <sub>OBG</sub> , (UK), FICOG, PGDMLE <sub>(Law)</sub> , FNAMS  Medical Director, BACC Healthcare (P) Ltd.
11.	Whether at present candidate is getting any research fellowship/grant/scholarship  If Yes,  i) Name of the University/Institution ii) Year of fellowship/Grant iii) Duration of fellowship/Grant iv) Source of fellowship/Grant v) Value of fellowship/Grant & its tenure  If No,  How will you support yourself  Financially during the Ph.D course?	
12.	Amount of the Fees paid  [mention Challan/Receipt No. and date]	
13.	Whether all the documents listed in Annexure – III enclosed or not	

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature for Ph.D degree is liable to be cancelled by the University.

Date:

Place:

**Signature of the candidate**

**Remarks of the Guide**

**Signature, Name and Seal of the Guide**

**Signature, Name and Seal of  
of the Department  
the College / Institution**

**Signature, Name and Seal of Head  
Dean/Director/Principal of**

### **List of Documents to be enclosed along with the application form**

1. Final Year degree marks
2. Graduate degree Certificate
3. Post-Graduate degree marks card
4. Post-Graduate degree Certificate
5. Consent letter from the guide
6. Notification from the University recognizing the guide and the institution /College
7. Notification from the University recognizing the institution /College
8. No Objection certificate from
  - a) Head of the department and the institute ,where he /she is employed
  - b) Head of the department and the institute ,where the candidate intends to pursue the Ph.D Course
9. Preliminary Synopsis of the proposed thesis – three copies
10. Photograph of the candidate

Note: Attach only attested photocopies of marks card, degree certificate, or of any other document.

**Produce the original at the time of Interview.**