

**Postgraduate Institute of Medical Education & Research,
Chandigarh 160012**

ACKNOWLEDGEMENT CARD

Date _____

Sub.:Application for Enrolement to Ph.D _____ Course
Reference your application dated _____ on this subject noted above

1. The receipt of your application is hereby acknowledged. Your application registration No. is _____ which may please be quoted. Your application correspondence with this office. This is merely an acknowledgement of your application. The decision of the Institute regarding your admission of the selection test will be communicated to you in due course.
2. The fact that an application registration No. has been issued to the candidates does not mean that the application is complete an all respect and has been accepted by Institute.
3. A further communication will follow in due course.

for Registrar

Note : Please write your address and affix Postage stamp on reverse.

Affix
here the
postage
Stamp

To

Dr. _____

From
Registrar
Postgraduate Institute of Medical
Education & Research, Chandigarh
PIN Code No. 160012

**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH,
CHANDIGARH - 160012**

APPLICATION NO. _____

APPLICATION FOR Ph. D PROGRAMME FOR _____ **SESSION**

ROLL NO. _____

(to be allotted by the Office)

ASSESSMENT PERFORMA

(To be filled by the applicant in Block Capitals)

1. Name of the candidate _____
2. Category (General /SC/ST) _____
3. Department in which applied
(Academic requirement prescribed for registration of Ph.D
Programme. Please consult the prospectus) _____
4. Qualification possessed by the Candidate MBBS/MD/MS/MSc (_____)
Subject
5. Has the candidate passed MBBS/MD/MS examination
from the college recognised by the MCI (for the candidates
applying under medical category) _____
6. Attempt made by the candidate during his/her
MBBS/MD/MS carrier _____
7. Percentage in MBBS in aggregate _____
8. Date of completion of internship _____
9. Month and year of passing in M.Sc. /MA final examination _____
10. Percentage of marks obtained in M.Sc./MA (Aggregate)
(if passed) _____
11. Has the candidate passed final semester of M.Sc./MA
or appearing : _____
12. Category under which applied 1. Medical 2. Non Medical 3. Social Behaviour Sciences
13. Have you qualified NET Exam. (with fellowship
conducted by UGC or JRF Exam. conducted by
ICMR/CSIR etc. (with in two years) _____
14. Nationality of the candidate : _____

**CERTIFIED THAT THE INFORMATION SUPPLIED ABOVE IS CORRECT TO THE BEST
OF MY KNOWELDGE**

Signature of the candidate

REMARKS OF THE OFFICE

**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH,
CHANDIGARH - 160012**

Application for enrolment to Ph.D Programme

Session : January/ July _____

Roll No. _____
(to be allotted by the Office)

Closing date for receipt of application duly completed in the office of the Registrar (20-04-2009)

Form No. _____

Price with brochure Gen. Rs. 500/-
SC/ST Rs. 400/- only

To

The Registrar
Postgraduate Institute of Medical Education & Research,
Chandigarh - 160012.

Sir,

With reference to Admission No. _____
released by the Institute, I submit my application for enrolment of Ph.D
Programme in the dept. of _____ for the
session commencing from _____

Paste here a self signed
latest coloured
Photograph size 5x7 cms
approximately
with name & date duly attested

FOR OFFICE USE ONLY

I am an applicant under the category ticked (✓) below:

- i. For the grant of fellowship from the Institute
- ii. Research Scheme employee
- iii. In service candidate of the Institute
- iv. Sponsored/Deputed Candidate
- v. On the basis of Net fellowship by UGC, JRF by ICMR/CSIR etc.
within two years.

Dy. No. _____

Date _____

Place _____

Yours faithfully

Dated _____

(Signature of the candidate)

NB: The application form and the acknowledgement card must be completed in candidate's own handwriting in ink or in ball point pen. An application which is incomplete or is wrongly filled in will be rejected.

To be filled by the applicant in Block Capitals

1. (a) Name (in Full Block Letters) _____
(b) In Hindi (Devnagri Script) _____
2. (a) Whether belonging to Sch. Caste/Tribes _____
(b) If belonging to Scheduled Caste state your Religion _____
3. Date of birth as recorded in the matriculation or its
Equivalent certificate (according to Christian era) _____
4. (a) Father's name (in English) _____
(b) In Hindi (Devnagri Script) _____
5. Father's occupation and annual income _____

6. (a) Mother's name (in English) _____
 (b) In Hindi (Devnagri Script) _____
7. Sex _____
8. Married or unmarried _____
9. Nationality _____
10. State /UT to which you belong _____
11. Address in block letters _____

- (a) Where Interview/Selection letter may be sent _____

- (b) Telephone No. , if any _____
- (c) Permanent Home Address _____

12. Permanent Medical Registration No. _____
- 12 (a) State in which registered _____
- 13 (a) Educational Qualification _____

Attested copies of certificates must be attached in support of the statements made in column 12 to 14.

Examination Passed	Name of University Institute Board	Month & Year	Attempts made if any	Proof at Encl. No.
First Professional				
Second Professional				
Third Professional				
Final Professional				

Percentage of marks obtained (in aggregate) in MBBS career _____

- 13.(b) Total Nos. of semesters in MSc/MA _____
- (c) Have you qualified the final semester _____
 (if so, please mention aggregate % age of marks obtained in MSc. MA) _____

Subject in Which M.Sc/MA Passed	(Maximum marks M.Sc. /MA)	Marks obtained in M.Sc/ MA	% age in aggregate	Proof at encl. No.

14 Experience :

Post Held	Department/ Institute	Period		Name of duties
		From	To	

Signature of Candidate

15. Are you employed "If so, give the following details :

Name of the Instt.	Post Held	From	To	Whether Govt. Private

17. **Applicable for Medical Faculty Only :**

- a) Please indicate your Research Publications (atleast Three Research Publications are required) during the three years immediately preceding the date of your application in indexed Indian/Foreign journals in the concerned area and in related field of research either as a primary author or a co-author.

For All in Service Candidates

- a) Please indicate your Regular Continuous service at PGI, Chandigarh.

- b) Date of Joining : _____

17. Give names and addresses for two references not related to you

1. _____

2. _____

18. Any other fact that you wish to mention which may have a bearing on your selection _____

Attempt Certificate

(Applicable only if candidate possess MBBS/BDS/MD/MS qualification)

The certificate mentioned below must be completed & signed by Principal of the Med./ Dental/Instt. from which the candidate has passed his/ her MBBS/ BDS examination.

Note :

- i. The failure of the candidate in MBBS/BDS examination. his/her having been placed in compartment or reappear in the examination in one or more subjects shall constitute an attempt.
- ii. Entries under the column attempts at which passed should be indicated as "First" (ie. no failure/compartment/re-appear), " Second (ie. one failure/compartment/re-appear) etc and not as one two etc.
- iii. No other certificate that the one conforming to the under mentioned format will be accepted :-

Certified that Dr. _____ son/ daughter of Shri _____
passed the following professional examinations of MBBS/BDS course as per details given below :-

EXAMINATION

ATTEMPTS AT WHICH PASSED

1. First professional	_____
2. Second Professional	_____
3. Third Professional	_____
4. Final Professional	_____

2. It is also certified that MBBS/BDS degree of this Medical College is recognised by the Medical /Dental council of India.

Station _____

Signature _____

Designation _____

Official Seal _____

DECLARATION BY CANDIDATE

1. I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found incorrect or my ineligibility being declared before or after the selection action such as removal of my name from the rolls and/or any other action as may be considered necessary by the Director of the Institute can be taken against me.
2. I further declare that I have carefully read the provisions given in the brochure of information in respect of the course applied for by me and I undertake to abide by them. I also declare that I fulfil all the eligibility conditions regarding educational qualifications etc. prescribed by the Institute, for the course applied for by me.
3. If selected, I agree to pursue my studies on whole time basis and shall not engage myself in private practice job during the period of studies for the course applied for.

Place _____

Signature of applicant _____

Date _____

DECLARATION BY THE FATHER/GUARDIAN OF THE APPLICANT

I hereby declare that I shall be responsible for timely payments of all dues payable to the Postgraduate Institute of Medical Education and Research, Chandigarh in respect of my son/daughter/Ward (name _____) during the period of his/her stay at the Institute and thereafter untill the dues are cleared.

(_____)

Signatures

Relationship to the applicant

Address _____

SPONSORSHIP CERTIFICATE

Note : Sponsorship from Private Hospital/Institute/Nursing Homes etc. is not accepted.

Certified that Dr. _____
son/daughter of _____ is a permanent/regular employee
of the Govt. Deptt./Medical College for the last atleast three years.

Please () the type of Institute/ Department / Sponsorship/deputing the candidate viz.

1. 1. Central Govt. 2. State Govt. 3. Autonomous Body of Central Govt. 4. Autonomous Body of State by Medical Council of India.
2. Certified that if selected for the course applied for by the applicant he/she will be suitably employed by us after the completion of his/her training course to work atleast five years in the speciality in which the training is received by him/ her at PGI, Chandigarh.
3. Certified that no financial implication in the form of emoluments/stipend etc. will devolve upon PGI, Chandigarh during the entire period of applicant's course. Such payment will be the responsibility of sponsoring/deputing authority.

Station _____

Signature of the sponsoring / deputing

Date _____

Authority with seal

NB:

- I. Deputation/ sponsorship of candidate holding tenure appointments (like House Job or Junior or Senior Residency) adhoc or contract or honorary or appointment against a leave vacancy shall not be accepted.
- II. The sponsoring/ deputing institution should not nominate more than one candidate for a speciality/ super speciality.
- III. **THE CANDIDATE MUST INDICATE THE SUBJECT OF THEIR CHOICE IN THEIR APPLICATION CLEARLY AT PAGE 1.**

Sponsorship/ deputation of candidate will be accepted only from the following:

- a. Central Govt. Department / Institution
- b. State Govt. Department / Institution
- c. Autonomous bodies of the Central or State Govt.
- d. Public Sector Undertakings.
- e. Medical Colleges affiliated to a University and recognised by the Medical Council of India.

In case of candidates deputed/ sponsored by Medical Colleges affiliated to a University and recognized by the Medical Council of India the deputation/ sponsorship certificate signed by the Principal of the Medical College concerned only shall be accepted.

LIST OF ESSENTIAL DOCUMENTS WHICH MUST ACCOMPAY APPLICATION

Enclosure No.

1. Attested copy of Matriculation/Higher Secondary Certificate showing date of birth in Christian Era _____
2. Attested copy of certificate of passing M.Sc./MA/ M. Pharm/ MBBS/ BDS Examination (one year house job certificate of the candidate who possesses MBBS/BDS qualification) _____
3. Attested copy of the certificate of permanent Registration with Central/State Registration council _____
4. Attested copy of certificate of the character from the Institution last attended. _____
5. Attempt certificate in the form appended to the application form. No other certificate is entertained. _____
6. Caste certificate from the Distt. Magistrate if applicable _____
7. Sponsorship/deputation certified in the prescribed form, if applicable. _____
8. Acknowledgement Card with postage stamp affixed thereon _____
9. Three self addressed envelopes of 23x10 cms. for use by this office for sending interview letters etc. with postage stamp Rs. 5/- on each _____
10. Attested copy of the NET Examination of ICMR/CSIR JRF Exam. (if qualified with fellowship) _____

Date _____

Signature of the Candidate

Place _____

**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 research empolyee in the research scheme entitled:-

The research Project under which he/she is working will continue for a minimum period of three years. I have no
objection to his/her application being considered for Ph.D programme at PGI, Chandigarh.

His/her work and conduct are satisfactory

Signature of Investigator of the Research Scheme

(Name in Block Capital Letters)

Designation _____

Official Seal _____

RECOMMENDATION OF HEAD OF DEPTT.

POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH,
CHANDIGARH-160012

Selection of Candidates for enrolment to Ph.D Programme

Session Jan. 2010

ADMIT CARD

1. Roll No. _____
(To be assigned by Office)
3. Examination Centre : Chandigarh

Affix here a
signed
attested passport
sized coloured
photograph
with name & Date

Please admit Dr./Sh./Smt. _____ whose photograph
alongwith the specimen signatures are affixed there on to the selection test enrolment for Ph.D
Programme to be held at the centre mentioned above.

Registrar
Postgraduate Institute of Medical
Education & Research, Chandigarh.

Specimen Signature of Candidate

POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH,
CHANDIGARH-160012

Selection of Candidates for enrolment to Ph.D Programme

Session Jan. 2010

CANDIDATES ATTENDANCE SHEET

1. Roll No. _____
(To be assigned by Office)
2. Centre : Chandigarh
3. Name of the course applied for _____

Affix here a
signed
attested passport
sized coloured
photograph
with name & Date

Nothing to be written below this line by candidate

ATTENDANCE SHEET

Date and Time

Signature of candidates

Signature of Invigilator

Instructions to the candidates

1. This admit card is subject to the condition that if negligibility is detected at any stage, your candidate will be cancelled.
2. Check your particulars including the category in the Admit Card carefully, Error, if any, should be immediately reported to Training Branch, PGIMER, Chandigarh.
3. Bring a blue or black ball pen for writing/making response. Use of pencil is not allowed.
4. No entry to examination hall without Admit Card.
5. Cell phone, pagers, calculators are strictly prohibited.
6. Do not attempt to give or to obtain irregular assistance of any kind.
7. Do not carry any article, even envelope of Admit Card into examination hall.
8. Do not mark or write anything on question paper.
9. Any attempt to remove pages for Question Booklet will be severely dealt with.
10. Copying or noting down questions is strictly prohibited.
11. Hand over the question paper and answer sheet to the invigilator before leaving the examination hall.
12. Improper conduct will entail expulsion.
13. Draft should be in favour of Director, PGI, Chandigarh.