

Application form for Ph.D. Registration

(Faculty of Medical Sciences)

Baba Farid University of Health Sciences, Faridkot

(A) General Information

1.	Name of the Degree for which applying	
2	Name of the Faculty in which Registration is sought	
3.	Department/Institution where research work for Ph.D. is proposed to be done	
4.	Whether the candidate is a regular full time candidate or a part time candidate?	
5.	Whether the research project for Ph.D. degree is funded by any funding agency?	

(B) Information about the candidate

Passport size
photograph of
candidate

1.	Name of the candidate (in block letters)	
2.	Date of Birth	
3.	Age and Sex	
4.	Father's Name	
5.	Mother's Name	
6.	Degree for which applying	

7.	Date of application	
8.	If employed, give designation and present address	
9.	Permanent address of the candidate	
10.	Postgraduate qualification obtained by the candidate	
11.	Year of passing Postgraduate examination, Name of the College & University	
12.	University Registration No. (Note: If the candidate is not already registered with BFUHS, Fdk., then the candidate is advised to move his/her application for registration with migration certificate from previous University).	
13.	Faculty in which registration is sought	
14.	Proposed subject of Ph.D. thesis (Give topic in Block Letters)	
15.	Name of the supervisor	
16.	Designation / Address of the Supervisor	
17.	Name of the Co-Supervisor	
18.	Designation/Address of the Co-Supervisor	
19.	Have you submitted with this application a copy of the Synopsis for Ph.D. giving a brief outline of about 250 words or more indicating the scope of the subject and general approach to it?	
20.	For how long you have been working on this research project?	
21.	Details of the work already done pertaining to the research project.	
22.	Are you a full time research scholar or a part time scholar?	
23.	Have you submitted the prescribed fee for registration for	

	Ph.D.? If yes, give details:- (i) Amount (ii) Reciept No. (ii) Dated	
24.	Particulars of Academic Records	In the given attached Performa
25.	Have you already obtained the Ph.D. degree? If yes, give particulars indicating the topic of the thesis accepted, name of the Faculty and Name of the University with the year of obtaining the Ph.D. degree.	
26.	Academic awards or distinctions received, if any	
27.	Teaching Experience (give details)	
28.	Research Experience (give details)	
29.	Details of published work, if any, (can attach a separate sheet, if need be)	
30.	Any other information relevant to Ph.D. registration	

Dated: _____ Signature of the Candidate
Place: _____ Name & Address

Performa for Academic Records

Examination Passed	Subjects taken	Marks obtained	Division with percentage	Year of passing	Name of the Board/ University
Matric					
10+2					
Graduation					
Post graduation					
Any other exam passed					

(Note 1: Attach attested copies of the examinations passed.)
 (Note 2: If need be, candidate can use a separate sheet in the specified format)

Declaration by the Candidate

(Applying for Ph.D. Registration)

I.....S/o Sh.....

applying for Ph.D. Registration in the Faculty of Medical Sciences of Baba Farid University of Health Sciences, Faridkot declare that:-

- a) I have read the ordinances for Ph.D. Registration in the Faculty of Medical Sciences and that I have understood these Ordinances and I hereby agree to abide by them.
- b) The thesis on the topic given in my application form for Ph.D. registration, has not already been submitted and shall not be submitted by me in future for obtaining a similar degree from any other University.
- c) The thesis approved or rejected by the University shall not be published without permission from the University.

Dated:

Signature of the Candidate

Place:

Name & Address

Certificate of the Supervisor/ Co-Supervisor

I/We consider the proposed topic of

.....

for Ph.D. Registration of Dr/Sh.....

S/o Sh..... in the Faculty of Medical Sciences of Baba Farid University of Health Sciences, Faridkot worthy of research for Ph.D. degree and I/we agree to supervise the work of the candidate.

Signature of Co-Supervisor

Name & Address

Signature of Supervisor

Name & Address

Certificate of the Head of Department

Certified that the candidate Dr/Sh.

S/o Sh....., applicant for Ph.D. registration in the Faculty of Medical Sciences of Baba Farid University of Health Sciences, Faridkot, has shown to me the original certificates, testimonials, published research work etc. in support of the particulars filled in by the candidate in his application form for Ph.D. registration and I find that these are correct.

Dated: Signature of the Head of Deptt.

Place: Name & Address

For Office Use

I. Eligibility

1. Academic Eligibility

Eligible

Not Eligible

2. Jurisdiction

Eligible

Not Eligible

3. Comments, if any

Authorized Signatory

II. Fee

Fee of Rs..... has been received vide Receipt No..... dated..... for
registration for Ph.D degree in the Faculty of Medical Sciences from
Dr./Sh.....

Authorized Signatory

III. Registration Branch

- (i) The candidate is a full time regular candidate/a part time candidate.
- (ii) The candidate has submitted application on dated.....
- (iii) The application has been received in Registration Branch on dated.....
- (iv) The applicant is eligible/ not eligible as per the Ordinances of the Faculty of Medical Sciences relating to the Ph.D. degree.

Authorized Signatory

Baba Farid University of Health Sciences, Faridkot

May the case be sent to the Ph.D committee (ASC) for consideration.
Submitted for orders, please.

Concerned Branch/Authorized Signatory

Registrar