

**NATIONAL INSTITUTE OF SIDDHA**

Ministry of Ayush, Govt. of India

Tambaram Sanatorium, Chennai 600 047

**APPLICATION FOR PH. D PROGRAMME**

**FOR THE ACADEMIC YEAR 2022-2023**

(*To be neatly typed / hand written in A4 Sheet*)

(*Read the Prospectus carefully before filling up the Application Form*)

Affix a duly signed recent passport Size

Photograph

Details of Payment of Application Fee

D. D No: Date:

Amount: Name of Bank/Branch:

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| --- | --- | --- |
| 1 | Name of the Department where the candidate proposes to do Ph.D |  |
| 2 | Type of proposed Ph.D Programme  *(Please ‘🗸’)* |  Full-Time Part Time |
| 3 | Name of the Applicant |  |
| 4 | Father’s / Spouse’s/ Guardian’s Name |  |
| 5 | Date of Birth *(in Christian Era)* |  |
| 6 | Gender *(Please ‘🗸’)* | Male Female Transgender |
| 7 | Nationality |  |
| 8 | Address for Communication |  |
| 9 | Mobile Number & Land Line *(if any)* |  |
| 10 | Alternate Mobile Number of Father/ Spouse / Guardian |  |
| 11 | E-mail Id |  |

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| 12 | Category *(Please tick ‘🗸’)* (*Attach* *Certificate from the Competent Authority towards proof*) | GEN SC ST OBC  |
| 13 | Details of Qualifying Examinations passed |
| *Sl. No.* | *Name of Examination* | *Board/ University* | *Year and Month of passing* | *No. of Attempts* | *% of Marks obtained* |
| i | MD (Siddha) First Year |  |  |  |  |
| ii | MD (Siddha) Second Year |  |  |  |  |
| iii | MD (Siddha) Third Year |  |  |  |  |
| iv | Title of M.D (Siddha) Dissertation |  |
| 14 | Whether you have already registered for Ph.D. If yes, furnish the details |  |
| 15 | Details of Publications /Books*(Attach separate sheet if the space is not sufficient)* |  |
| 16 | Details of present employment, if any (*Employed candidates shall invariably attach the No Objection Certificate issued by their employer*) |  |
| 17 | Whether the synopsis of the proposed research work attached | Yes / No*(strike out whichever is not applicable)* |
| 18 | Any other relevant information |  |

**DECLARATION**

 I hereby declare that, all the statements made in this application are true and correct to the best of my knowledge and belief. I am also fully aware and undertake that in the event of any of the above information is found to be false or incorrect, my candidature is liable to be cancelled / terminated without notice. I hereby state that shall abide by the rules and regulations of the Institute and The Tamil Nadu Dr. MGR Medical University as prescribed from time-to-time. In the event of my ineligibility, being detected before or after the selection procedure, action may be taken against me for which I hereby undertake to abide by them without fail.

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| --- | --- |
| Place: | Signature of the Candidate: |
| Date: | Name of the Candidate: |