



# NATIONAL INSTITUTE OF SIDDHA

Ministry of Ayush, Govt. of India  
Tambaram Sanatorium, Chennai 600 047

## APPLICATION FOR PH. D PROGRAMME FOR THE ACADEMIC YEAR 2023-2024

(To be neatly typed / hand written in A4 Sheet)  
(Read the Prospectus carefully before filling up the Application Form)

### Details of Payment of Application Fee

D. D No:

Date:

Amount:

Name of Bank/Branch:

Affix a duly  
signed  
recent  
passport Size  
Photograph

1	Name of the Department where the candidate proposes to do Ph.D	
2	Type of proposed Ph.D Programme (Please '✓')	Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/>
3	Name of the Applicant	
4	Father's / Spouse's/ Guardian's Name	
5	Date of Birth (in Christian Era)	
6	Gender (Please '✓')	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>
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	

12	Category (Please tick '✓') (Attach Certificate from the Competent Authority towards proof)		GEN <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/>		
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.

Place:  
Date:

Signature of the Candidate:  
Name of the Candidate:

**Check List of enclosure (Photo copy)**

1. HSC mark sheet / SSLC mark sheet
2. PG mark sheets (1<sup>st</sup>, 2<sup>nd</sup> 3<sup>rd</sup> year)
3. PG Degree Certificate
4. Transfer Certificate
5. Council Registration Certificate
6. Conduct certificate obtained from last studied institute/college
7. Community certificate, if Schedule caste or Schedule tribe
8. Other Back Ward Class certificate as per central government norms
9. Valid Special Category certificate for physically disabled (If applicable)
10. No Objection Certificate (If applicable)
11. Publication details

Signature of the candidate

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**(FOR OFFICE USE ONLY)**

Eligibility

1. Eligible

2. Not Eligible

**Reason(s) for ineligibility**

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Members

1.

2.

3.

**SECRETARY**

**CHAIRMAN**