NATIONAL INSTITUTE OF SIDDHA

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

APPLICATION FOR FULL-TIME PH. D PROGRAMME

FOR THE ACADEMIC YEAR 2026-2027

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

Details of Payment of Application Fee (online payment only through UPI)

UPI Transaction details: 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.	Name of the Applicant	
3.	Father's / Spouse's/ Guardian's Name	
4.	Date of Birth *(in Christian Era)*	
5.	Gender *(Please '✓')*	Male ☐ Female ☐ Transgender ☐
6.	Nationality	
7.	Address for Communication	
8.	Mobile Number & Land Line *(if any)*	
9.	Alternate Mobile Number of Father/ Spouse / Guardian	
10.	E-mail Id	

11	Category *(Please tick '✓')* (*Attach Certificate from the Competent Authority towards proof*)	GEN ☐ SC ☐ ST ☐ OBC ☐ PwD ☐			
12	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	Department in which M.D.(Siddha) was done				
v	Title of M.D (Siddha) Dissertation				
13	Whether you have already registered for Ph.D. If yes, furnish the details				
14	Details of Publications /Books *(Attach separate sheet if the space is not sufficient)*				
15	Details of present employment, if any *(Employed candidates shall invariably attach the No Objection Certificate issued by their employer)*				
16	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 I 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: Signature of the Candidate:

Date: Name of the Candidate:

Check List of enclosure (Photo copy)

S.No.	Particulars	*Please mark '✓' if furnished. Please mark 'X' if not furnished. Please mark 'NA' if not applicable*
1	Filled in application form	
2	HSC mark sheet / SSLC mark sheet	
3	PG mark sheets (1^{st}, 2^{nd} 3^{rd} year)	
4	PG Degree Certificate	
5	Transfer Certificate	
6	Council Registration Certificate	
7	Conduct certificate obtained from last studied institute/college	
8	Community certificate, if Scheduled Caste or Scheduled Tribe	
9	Other Backward Class certificate as per Central Government norms	
10	Certificate of Disability for Persons with Benchmark Disabilities (PwD) (If applicable)	
11	No Objection Certificate (If applicable)	
12	Details of Publication	
13	Proof of payment details	

Signature of the candidate

(FOR OFFICE USE ONLY)

Eligibility 1. Eligible 2. Not Eligible

Reason(s) for ineligibility ……

Members

1.

2.

3.

SECRETARY **CHAIRMAN**