

DAYANAND MEDICAL COLLEGE & HOSPITAL, LUDHIANA



Application form for post of **PhD Scholars/Senior Research Fellows for the DBT/Wellcome Trust** sponsored Project entitled "**Scaling-up The Competency of Primary Care Workers to Manage Epilepsy by Task-Sharing (STOP-Epilepsy)**".

Paste your recent
photograph here

Course Applied for: Ph.D. (Public Health-Neurosciences)

Advt. No. Reg. No. IA/TSG/20/1/600061/02 (to be filled by the Office)

Registration No. _____

(to be generated through online registration form available on institution's website i.e. www.dmch.edu)

Personal details

1.	Name <i>(in Capital Letters)</i>	First Name	Middle Name	Surname			
2.	Date of birth	Day	Month	Year	Age as on date of advertisement	Years	Months
3.	Place of birth	City/ Village		State	Country		
4.	Father's name						
5.	Mother's name						
6.	Nationality						
7.	Gender						
8.	Marital status						
9.	If physically disabled, indicate the relevant particulars	If applicable, Write 'yes'	Percentage of disability	S. No. of proof enclosed			
a. Blindness or low vision :							
b. Hearing impairment							
c. Locomotor disability or cerebral palsy (includes all cases of Orthopedically handicapped)							

10. Educational qualifications (Attach additional pages, if required)

	Name of the course	Name of the Board / University	Month & Year passed	Division	% of Marks	CGPA (if grading is applicable)	Subjects studied	S. No. of proof enclosed
	10 th Class / equivalent							
	10+2 /equivalent							
	Bachelor's degree							
	Master's degree							
NET/SLET for lectureship, if any			Subject	Roll No	Year	Position		
Any other exam passed								

11. Medals

a. State Level	
b. National Level	

12. Publications, if any (Mention here only numbers. The details and copies of the reprints be appended)

S No	Authors	Title of the Paper	Journal's Name & Place of Publication	Publication & ISSN	Vol./ Page No/ Year	Impact Factor

13. Peer recognition (Fellowship of National / international organizations, editor of national / International journals / Significant contribution in work place developmental Activities)

14. Seminars/ Conferences/ Workshops/ Training programmes, attended.	National (No.)	International (No.)	Total (No.)	S.No. of proof enclosed

13. Address:

Correspondence	Permanent
Email:	Mobile No.:

14. Payment Details

Demand Draft No.	Dated	Bank Name	Amount

15. List of self-attested testimonials attached (original to be produced at the time of interview). Please tick ✓the ones applicable

- i. Matriculation marksheet / certificate
- ii. 10+2 marksheet / certificate
- iii. M.P.H. degree
- iv. MD (Social and Preventive Medicine/ Medicine/ Paediatrics/ Pharmacology/Physiology)
- v. NET Award Certificate
- vi. UGC-JRF Award Certificate
- vii. CSIR-JRF Award Certificate
- viii. GATE Award Certificate
- ix. ICMR-JRF Award Certificate
- x. Experience certificates
- xi. Award (s) /Fellowship (s)
- xii. Publication (s)
- xiii. Other (s)

Total Number of above self-attested testimonials attached _____ (in words _____)

N.B. Applications without the above self-attested testimonials will not be entertained.

16. Declaration

I, _____ son/daughter of _____ hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the Selection Committee and Executive Council meetings, my candidature / appointment may be cancelled by the University.

Signature of the applicant

Date : _____

*Name as signed (in BLOCK LETTERS)
*Application not signed by the candidate is liable to be rejected