



Reg. No.

NIA(DU) /Ph.D./Res/01

**NATIONAL INSTITUTE OF AYURVEDA, JAIPUR
DEEMED TO BE UNIVERSITY (De- Novo)**

Application for Registration for Ph.D. Program (Ayurved Vidyavaridhi)

To,

The Registrar,
National Institute of Ayurveda (Deemed to be University)
Madho-Vilas, Jorwar Singh Gate, Amer Road
Jaipur, Rajasthan
Pin -302002

Paste Passport Size
photograph, self
attested.

1. Applicants Name (In CAPITAL Letters) Shri/Smt./Km

2. Father's Name

3. Mother's Name

4. Date of Birth (DD/MM/YY) Date Month.....Year

5. Nationality Foreign Candidate Mention Country Here

6. Indicate your Caste Category

SC ST OBC and Others

7. In case of physically challenged write Yes or No

Yes No

In case of physically challenged indicate the type of disability

Ortho Visual Hearing

8. Enrollment number Issue Date

9. Address for correspondence

Address.....

Phone No..... Mobile No.....

Permanent Address

Telephone No Mobile No

10. Admission Category

Regular BIMSTEC AYUSH NET (Super Numerary) Regular Faculty Member (Super Numerary Part Time) Others

11. Academic Record :-

Examinations Passed	Board/ University	Year of Passing	Division	Percentage/ DGPA	Subject
High School/ Equivalent					
Intermediate /Equivalent					
Graduation					
Post-Graduation					
Others					

NOTE: - Attested photo copies of the mark sheets of all examinations passed beginning from high school and also the attested photocopies of the concerned certificate claiming the PTET Exempted (Other) Category must be attached with this application.

12. Name of the University and the College last attended by the applicant

.....

13. Are you pursuing any course currently Yes No

If YES, Give Details of the course.

.....

14. Whether previously/ currently registered in any of the Ph.D. Program in University or in any Other university,

YES NO

if 'YES' write -

1. Name of the University.....

- 2. Name of Discipline/Subject.....
- 3. Date/Year of Admission
- 4. Date/Year of Cancellation/Award.....

(Enclose a Copy of Cancellation / Award Letter)

- 15. Applicable Fee Details D.D No.....Bank Date.....
Amount

- 16. Whether any disciplinary action has been taken against you? If, so state reason, the punishment awarded and reference of authority awarding the punishment.

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DECLARATION BY THE CANDIDATE

I solemnly affirm that I have not been punished for any act of indiscipline nor I have adopted any unfair means in any examination nor involved myself in any other offense whatsoever.

I further solemnly affirm that information furnished by me in this application form is true; and that the certificates and the Photostat copies of the documents I have submitted, are genuine and that I have not concealed any relevant information.

I further solemnly affirm that if at any stage hereafter it is found that the information and the undertaking furnished by me were not true then :-

- My registration will be immediately canceled without any notice.
- That I shall be liable to refund the scholarship/ any financial aid received from the university/ any other source during my Ph.D. program.
- That i be debarred from future admission in any graduate in any academics course and employment at this university and if already employed i be dismissed without any notice.

Strike out the clause not applicable and put the tick mark in the appropriate box.

I already Enrolled with the University and my Enrollment no is

I have submitted the transfer and Migration Certificates.

I have not submitted the transfer and Migration Certificates, but will submit the same within 3 Months if Admitted. I Also Solemnly affirm that as per the University Ordinance I shall not concurrently pursue any other

full time academic course either as this or any other university. If found doing so I shall be liable to the aforesaid action and punishment.

Date:
Place:

Name
Signature.....

FOR OFFICE USE ONLY

Recommendation for Registration Recommended Not Recommended

Recommendation of the DRC of Concerned Department

Supervisor Allotted

Name:
Designation:
Department:
Date of Birth:
Date of Retirement:
Permanent Address:

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.....
.....

Pin No. Mobile No
.....

Co-Supervisor allotted

Name:
Designation:
Department:
Date of Birth:
Date of Retirement:
Permanent Address:

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.....

Pin No. Mobile No
.....

DRC Approved topic of Research/IEC/IRRB/IAEC

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.....

Date of Joining in Institute /College

.....
Date of Semester Exam Marks Obtained in Max/
Marks.....

List of Enclosures:-

1. Education Testimonials Ascending to Descending Order (10th to PG Mark sheets and Certificates Attested copy)
2. Migration Certificate (If Applicable)

3. Demand Draft of Applicable Fee against Registrar, National Institute of Ayurveda, Deemed to be University, (De-Novo) Jaipur. (Form Fees Rs 100/- Registration Fees 10000/-)

Note: - Above mentioned fees will be charged double in case of foreign candidates

4. Certificate of Supervisor (As per Enclosed Proforma)
5. Certificate of Institution/College Head (As per Enclosed Proforma)
6. Four Copies of synopsis
7. Valid ID Proof (Voter ID, Aadhar Card, Passport)
8. Cousework completion certificate.

Head

Signature of Institution/ College

.....

Date:

Place:

(Office Seal)

(Certificate of Supervisor should be given on Official Letterhead)

This is certified that (Name of Scholar) is submitting his/her synopsis entitled.....
..... (Name of Research Topic) for the registration of Ph.D. under my supervision.

I Certify that:-

1. To my knowledge the subject has not been studied and is not being studied so far in University.
2. The subject is of a sufficient scope to keep the candidate engaged for two year
3. The subject will lead to a valuable contribution. I had seen and approved the synopsis submitted by the candidate
4. I have research candidates working under my supervision including the present one
5. Relation with Candidate :- Yes/No
6. University allotted Ph.D. Guide Registration Number is: -
.....

Name: -
Designation:-

(Signature)

(Certificate by Head of Institution should be given on Official Letterhead)

This is to certify that Name of Supervisor is working as a
.....
..... Designation in Department ofHe / She has sufficient time to supervise the research work of the candidate.....
.....along with his/her usual duties. Also he has approx. year..... left in his/her Retirement.

Name:
Designation:

(Signature)