



# PhD Application Form 2017-18

(Form No.: 01/F/PHD/16)

**TDU Application Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Application Type**     New / First Time Applicant  
                                   Applied Previously, Application No. \_\_\_\_\_

**Admission Type**     TDU     Partner Research Institute

Affix  
PP Size Photograph  
&  
Sign Below  
(Do not sign across the face)

**Student Name (In capital letters):**

First Name	Middle Name	Last Name / Surname
------------	-------------	---------------------

Sex: Male / Female	Date of Birth: DD/MM/YYYY	Nationality:
--------------------	---------------------------	--------------

**Permanent Address:** House No., House / Building Name, Street, Area, City, Zip/Pin Code, State

Mobile Number: Country Code / Area Code / Number	Landline : Country Code / Area Code / Number
--	--

**E-Mail:** abcd@tdu.edu.in

**Correspondence Address:** House No., House/Building Name, Street, Area, City, Zip/Pin Code, State

**Landline :** Country Code / Area Code / Number

Father's Name:	Occupation:
----------------	-------------

Mother's Name:	Occupation:
----------------	-------------

**Category :**     General     SC     ST     OBC     Differently able

**Fellowship :**     NET     DST (Inspired)     DBT (JRF)     ICMR     Sponsored     Self Finance

Others (Please Specify)

**Have you applied at a Partner Institution recently:**     Yes     No

**If yes, please provide application details**

**Proposed Research Question & expected outcome(s):**

---

---

---

---

---

---

---

---

---

---

## Educational Background:

Degree	Specialisation	Board / Institute / University	Regular / Part Time	Year	Class / Grade	% / GPA
Grade 10						
Grade 12						
Bachelor						
Masters						

## Any Qualifying PhD Entrance Examinations (GATE/CSIRUGC-NET/ICMR JRF/INSPIRED/Others)

Exam Name	Branch	Year	Valid Upto	Percentile	All India Rank

## Particulars of Publications in peer reviewed/Indexed National/International Journal (if any)

Sl.	Title of Paper / Book	Details of Publications (Volume, Issue, Year)
1		
2		

## Details of Teaching Experience (if any)

Sl.	Name of Institution	Subject(s) taught	Period (From)	Period (To)
1				
2				

## Details of Work Experience (if any)

Sl.	Name of Organisation	Position / Designation	Period (From)	Period (To)

## Present Employers Details

Name of Employer:

Date of Joining:

Address:

## Statement of purpose

(A written statement of purpose in the applicant's own words, which highlights his / her research and career goals in less than 1000 words).



# PhD Application Form 2017-18

(Form No.: 01/F/PHD/16)

**Enclosures** (Tick and enclose self-attested copies of the following)

• <b>Grade 10</b>	<input type="checkbox"/>
• <b>Grade 12</b>	<input type="checkbox"/>
• <b>Bachelor's Certificate</b>	<input type="checkbox"/>
• <b>Bachelor's Marks Sheet</b>	<input type="checkbox"/>
• <b>Masters Certificate</b>	<input type="checkbox"/>
• <b>Masters Marks Sheet</b>	<input type="checkbox"/>
• <b>Statement of Purpose</b>	<input type="checkbox"/>
• <b>Entrance Test</b>	<input type="checkbox"/> Specify:

### Application Fees Payment details

Cheque / DD for an amount of Rs. 1,000 should be drawn in favour of ***"The Institute of Transdisciplinary Health Sciences and Technology"***, payable at Bangalore. Outstation cheques will not be accepted.

Cheque / DD No.: \_\_\_\_\_, Dated: \_\_\_\_\_

Bank Name: \_\_\_\_\_

### If taking the TDU Entrance Test, please enclose Fees Payment details

Cheque / DD for an amount of Rs. 1,500 should be drawn in favour of ***"The Institute of Transdisciplinary Health Sciences and Technology"***, payable at Bangalore. Outstation cheques will not be accepted.

Cheque / DD No.: \_\_\_\_\_, Dated: \_\_\_\_\_

Bank Name: \_\_\_\_\_

### Declaration

I hereby declare that I have carefully read the instructions and particulars supplied to me and that the entries made in this application form are correct to the best of my knowledge and belief. If selected for admission, I promise to abide by the rules and discipline of the Institute.

I note that the decision of the Institute is final in regard to selection for admission and assignment to a particular School and field of study. The Institute shall have the right to expel me from the Institute at any time after my admission, provided it is satisfied that I was admitted on false particulars furnished by me or my antecedents prove that my continuance in the Institute is not desirable. I agree that I shall abide by the decision of the Institute, which shall be final.

**Place:**

**Applicant's Signature**

**Date:**

\_\_\_\_\_