



# Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow (RMLIMS)

(Affiliated to King George Medical University, U.P., Lucknow)

Roll No.

(To be filled by the Office)

## Application Form Ph.D. Program Entrance – 2015

Clear Passport size photograph (Full front face, no cap, hat or dark glasses) duly attested by Gazetted Officer

(Incomplete application will not be entertained)

1. Name of Candidate : \_\_\_\_\_

2. Father's Name : \_\_\_\_\_

3. Sex Male/Female : Male  Female

4. Date of Birth : Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

5. Category : General  OBC  SC  ST

6. Mailing Address : \_\_\_\_\_

Pin: \_\_\_\_\_

7. Permanent Address : \_\_\_\_\_

Pin: \_\_\_\_\_

8. Contact No. (Landline): \_\_\_\_\_ (Mobile) \_\_\_\_\_

9. E-mail : \_\_\_\_\_

10. Educational Qualifications (please provide the attested copy of mark sheets):

<i>Examination</i>	<i>Subject</i>	<i>Name of Institute</i>	<i>Year</i>	<i>% Marks</i>
High School				
Intermediate				
Graduation				
Post graduation				
Any other				

**Eligibility** PG degree with at least 60% marks in graduate and post graduate exam. For Medical/Dental candidates MD/MS/MDS with at least 60% marks in MBBS/BDS aggregate

11. **Source of funding for the proposed work** (Candidates without secure funding will not be registered as per point 4.a.3 of PhD Program Rules & Regulations, please provide the attested copy of sanction letter): \_\_\_\_\_

12. **Research experiences in past, if any:**

Duration: \_\_\_\_\_

Place of work: \_\_\_\_\_

Area of work: \_\_\_\_\_

13. List of publications if any (please attach a photocopy of best four publications):

S.N.	Title of paper	Name of the journal	Volume	Year of publication
1.				
2.				
3.				
4.				

14. **Professional/Employment Record (if any, in chronological order);**

S.N.	Type of Fellowship/ Employment	Name of Institution	Period	Amount of Fellowship/Salary	Nature of Duties

15. Are you in Service

Yes/No

If yes, name of employer \_\_\_\_\_

Whether permission of Employer enclosed Yes/No

### For Candidate in Service

I/We have no objection if Mr./Ms. \_\_\_\_\_ employed as \_\_\_\_\_ appears in the Entrance Examination (Session 2015) for admission to Ph.D. course in \_\_\_\_\_. If selected, he/she will be sanctioned leave for at least 2 years and will be relieved in time for joining the course.

Date and Place

Signature & Seal of Employer

### Declaration

I hereby declare that the particulars given in this application form are correct. If any relevant information is found to be concealed or incorrect my candidature/admission may be cancelled.

Date and Place

Signature of the Candidate

#### To be filled by the Candidate:

**Application Fee:** Kindly submit a draft of Rs. 1500/- (Rupees One Thousand and Five Hundred Only) in favour of "RMLIMS Academic Account" payable at Lucknow  
Amount: Rs. 1500/- (Rupees One Thousand and Five Hundred Only)

Draft Number: \_\_\_\_\_ Dated: \_\_\_\_\_ Bank: \_\_\_\_\_

#### Check List of Enclosures:

1. Draft of Rs. 1500/- in favour of "RMLIMS Academic Account"

2. Attested Copies of Mark Sheets of Graduation & Post Graduation Degrees
3. Attested copy of Document in support of source of funding
4. Attested copy of High School Certificate for the proof of Date of Birth
5. Attested copy of Caste Certificate (If applicable)

**Important Dates:**

- *Last date of submission of Completed Application form 17<sup>th</sup> August 2015.*
- *The written examination will be held on 22nd August 2015 (Saturday) from 11.00 AM.*

Roll No.

*(To be filled by the Office)*

**Dr. Ram Manohar Lohia Institute of Medical  
Sciences, Lucknow**

**[Ph.D. Program Entrance – 2015]**

**Verification Sheet**

(To be filled in by the candidate)

1. Name: \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. Institution: \_\_\_\_\_

(From which the candidate has passed P.G.)

4. Signature of the Candidate: \_\_\_\_\_

Clear Passport size  
photograph (Full front  
face, no cap, hat or  
dark glasses) duly  
attested by Head of the  
Institution from which  
he/she has passed P.G.

**Coordinator**  
PhD Program 2015,  
RMLIMS, Lucknow

Roll No.

(To be filled by the Office)

# Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow

[Ph.D. Program Entrance – 2015]

## Admit Card

(To be filled in by the candidate)

1. Name: \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. Institution: \_\_\_\_\_

(From which the candidate has passed P.G.)

4. Signature of the Candidate: \_\_\_\_\_

Clear Passport size  
photograph (Full front  
face, no cap, hat or  
dark glasses) duly  
attested by Head of the  
Institution from which  
he/she has passed P.G.

**Coordinator**

PhD Program 2015,  
RMLIMS, UP, Lucknow

### Important:

1. Entrance Written Examination will be held on 22<sup>nd</sup> August **2015** at **11.00 am** in the **Administrative Block, Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow**
2. Please report 30 minutes before the time of examination.
3. Please be seated 15 minutes before the time of Examination.