



THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD-36, Sector-I, Salt Lake, Kolkata 700 064

Website: www.wbuhs.ac.in

Phone (EPBX): 2321-3461

Fax: 2358-0100

APPLICATION FOR PhD PROGRAMME

Date of Application	D	D	M	M	Y	Y	Y	Y

Name of the Institution	
Name of the Subject (Broad Area/Discipline)	
Area/Field of Specialization, if any	
Name of the Faculty under which PhD sought for	
Title of the Research, duly approved (IN BLOCK LETTERS)	
Certificate from Institution Ethics Committee (IEC)	

(May be customized according to need)

1	Name of the Candidate (IN BLOCK LETTERS)	
2	Father's/Mother's/Husband's /Guardian Name	
3	Present Address in Full (IN BLOCK LETTERS)	
4	Permanent Address (IN BLOCK LETTERS)	
5	Mobile No./Phone No. & Email ID	
6	Current Place of Posting/Attachment with designation & full Address of the Organization	

7	Date of Birth	D	D	M	M	Y	Y	Y	Y

8	Caste:MARKS WITH TICK (✓)			
	GENERAL	OBC	SC	ST

(**NOTE:***In case of OBC, SC, ST, attach attested copy of Certificate)*

9	Nationality	
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10	Gender :MARKS WITH TICK (✓)	
	Male	
	Female	
	Others	

11	Source of Funding: Salary/Scholarship/Research/Fellowship/Stipend/Self-financed. (If self-financed: Source of Fund)	
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12	Whether registered earlier under this University or elsewhere for	
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	Ph.D programme (If 'YES', furnish document)	
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13	Qualification: <i>(Chronologically, record highest qualification at the top)</i>					
	Name of Degree	Name of the Institution	Name of Board/ University	Year of Passing	Percentage of Marks obtained	Remarks, if any

(May be customized according to need)

14	Name of Supervisor / Co-Supervisor: <i>(under whom propose to work for Ph.D)</i>			
	Name	Designation	Name of Institution with address	Mobile No. & E-mail ID

NOTE:*Consent of Supervisor/ Co-Supervisor need to be attached as per Annexure-I &II.*

15	Propose to pursue Ph.D research work as a 'Full-Time' candidate: MARK WITH TICK (✓)	
	Full-Time	Part-Time

16	Place of proposed Research: <i>(Full address of the Department/Laboratory/Institution where research work is proposed to be carried out)</i>
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NOTE: Consent from Head of the Department (HOD) and Head of the Institution (HOI) need to be attached.

17	No Objection Certificate (NOC) from employer: (Letter of consent needs to be attached)

INSTRUCTIONS:

- 1) Name must be written as recorded in the previous qualifying examination.
- 2) Forms should be **recommended and forwarded** through proper channel.
- 3) Migration Certificate in original, where applicable.
- 4) Copy/Copies of Certificate(s) in respect of SC/ST/OBC status, wherever applicable. ***I declare that the information given above are correct to the best of my knowledge and that my Ph.D candidature is liable to be cancelled, if any of the information is found to be incorrect.***

Date:

Signature of the Candidate

Signature of Supervisor:

Signature of Co-Supervisor:

Head of the Department:

Head of the Institution:

(TO BE FILLED IN BY THE SUPERVISOR)

I certify that Mr./Mrs./Ms./Dr.

Will carry out his/her research work under my supervision in

.....
.....
.....
.....

(Name of the subject and proposed Title) under the faculty.

The number of registered Ph.D candidate(s) under this University working under my Supervision at present is/are

I recommend Prof./Dr.

To act as Associate Supervisor(s) / Co-Supervisor(s).

(Statement of the Supervisor indicating the part of research work for which the help/assistance of the Associate Supervisor(s)/Co-Supervisor(s) is required).

(1).

Signature of the Supervisor with official Seal and date

(2).....

Signature of the Associate Supervisor(s)/Co-Supervisor(s) with official Seal and date

Signature of Head of the Department:

Signature of Head of the Institution:

BIODATA OF SUPERVISOR OF PhD CANDIDATE

1. **Name is full** (BLOCK LETTERS):

2. **Address for correspondence:**

.

. PIN:

Phone No.(Mobile):

Any Other:

Email-ID:

3. **Permanent Address:.**

.

. PIN:

4. **Date of Birth** (dd/mm/yyyy):

5. **Present Designation:**

6. **Office address in full:**

.

. PIN:

7. **Qualification:** (Chronologically, record highest qualification at the top)

Qualification	Subject**	Year	Institution/College	University

**Wherever applicable, please mention whether the qualification acquired under 'Medical' or 'Non-Medical' faculty.

(May be customized according to need)

8. **Teaching experience:**(Chronologically, record most recent one at the top)

Designation	Institution/College	University	From	To

9. Research experience: (Chronologically, record most recent one at the top)

Designation	Organization	Research Title	Funding/Sponsor	From	To

10. Publications: (Only original full research paper-Title, Name of authors, name of journal, Vol. & Issue No. And Year- Include only peer reviewed/indexed national/International journals, record most recent publication at the top).

11. Number of Ph.D scholar currently pursuing research under: [Give details: Name of student(s), Research title, Institution/University, Year].

Supervisor	
Co-Supervisor	

BIODATA OF ASSOCIATE SUPERVISOR(S) PhD THE CANDIDATE

1. Name is full (BLOCK LETTERS):

2. Address for correspondence:

. PIN:
Phone No.(Mobile): Any Other:
Email-ID:

3. Permanent Address:

 PIN:

4. Date of Birth (dd/mm/yyyy):

5. Present Designation:

6. Office address in full:

 PIN:

7. Qualification: (Chronologically, record highest qualification at the top)

Qualification	Subject**	Year	Institution/College	University

**Wherever applicable, please mention whether the qualification acquired under ‘Medical’ or ‘Non-Medical’ faculty.

((May be customized according to need))

8. Teaching experience:(Chronologically, record most recent one at the top)

Designation	Institution/College	University	From	To

9. Research experience:(Chronologically, record most recent one at the top)

Designation	Organization	Research Title	Funding/Sponsor	From	To

10. Publications: (Only original full research paper-Title, Name of authors, name of journal, Vol. & Issue No. And Year- Include only peer reviewed/indexed national/International journals, record most recent publication at the top).

11. Number of Ph.D scholar currently pursuing research under:[Give details: Name of student(s), Research title, Institution/University, Year].

Supervisor	
Co-Supervisor	

.....
Full Signature of the Supervisor
with Seal & date

.....
Full Signature of Co-Supervisor with Seal & date

.....
Signature of the Head of the Department with Seal & date

.....
Signature of the Head of the Institution with Seal & date

((May be customized according to need))