

APPLICATION FORM  
**PhD Programme**  
**2016**

“Affix Your Recent  
 Passport size  
 Photograph”

**Instructions:**

1. The application form should be filled in soft copy & save it to take printout.
2. All information asked for should be provided. Incomplete forms will be rejected.
3. In case of paucity of space, you can attach an additional sheet mentioning the item number.

**A. Personal Information (Please fill all the details in capital letters only)**

**i. Name:**

Last Name																				
Middle Name																				
First Name																				

<b>ii. Gender:</b>	<b>iii. Date of Birth (DD/MM/YYYY)</b>	<b>iv. Nationality:</b>	<b>v. Category</b> (Gen. / OBC /ST/ SC / Others)
Male <input type="checkbox"/> Female <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**vi. Father's Name:**

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**vii. Mother's Name:**

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**viii. Address for Correspondence:**

City																				
State																				

<b>Contact No.</b>	<b>STD Code</b>	<b>Phone No.</b>	<b>Cell No.</b>
Land Line <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Permanent Address**

City																				
State																				

Email ID:


**B. Application Fee Details: (Rs. 1000)**

a) DD  DD No..... Date ..... Drawee Bank .....

b) Online

**Demand Draft should be drawn in favour of “Institute of Health Management Research” payable at Jaipur.  
Payment through cheque not accepted.**

**C. Academic Performance**

Please give information about your academic qualifications (start with the last degree down to class X) and attach attested copies of the certificates, marksheets and experience.

S. No.	Name of Examination	Name of Board/University*	Year of Passing	% of Marks (aggregate)	Division	Major Subjects

Write the aggregate percentage of all the years of **Post graduate qualification**

**\*The degree/course should be recognized by a university in accordance with the Association of Indian Universities/MCI/AICTE/UGC.**

**D. Work Experience (Years): .....**

S. No.	Organization	Designation/ Position Held	Year and Month From/To

## Declaration by the Applicant

I hereby certify that the above information provided by me is correct and, I understand that if the information is found to be incorrect or false, then I will be automatically debarred from the selection/admission process without any correspondence in this regard. I also understand that the application/registration/short listing does not guarantee admission in the University. I accept the process of admission undertaken by the University and I will abide by the decision taken by the University authorities. I have checked the information carefully. I will, on admission, adhere to the rules and discipline of the University. I hold myself responsible for the dues and payment of fees. I confirm that there is no Criminal case filed against me and will provide the necessary information as and when required by the University.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### List of the self attested documents to be attached with the application for admission:

S. No.	List of the documents	Tick in the box (✓)
1.	Class X certificate.	
2.	10+2 certificate showing the subjects passed.	
3.	Mark sheets of all the semesters/ years of master's degree.	
4.	Copy of Certificate(s) of work experience.	
5.	Character certificate by the college/ a gazette officer.	
6.	Copy of PAN card/Aadhar card/Identity card.	
7.	2 Passport size photographs with name written at the back (Only for the students submitting application using downloaded form)	
8.	Caste certificate issued by the respective Tehsildar/SDM/DM, in case the applicant is from any of the reserved categories.	

## **Scope of Purpose**

Please use the given space to describe your special interest, purpose and objectives in undertaking this programme at THE IIMMR UNIVERSITY

**(Format<sup>1</sup>)**

**Affidavit by Applicant**

I hereby declare that I am aware of the law regarding prohibition of ragging as well as the punishment and that if I am found guilty of the offence of ragging and/or abetting ragging; I am liable to be punished appropriately.

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

Signature \_\_\_\_\_

**Affidavit by Parent/Guardian**

I hereby declare that I am aware of the law in regard to prohibition of ragging and agree to abide by the punishment meted out to my ward in case the latter is found guilty of ragging and/or abetting ragging.

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

Signature \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_