



श्री चित्रातिरुनालआयुर्विज्ञानऔरप्रौद्योगिकीसंस्थान, त्रिवेंद्रम, केरल- 695 011, भारत
(एकराष्ट्रीयमहत्त्वकासंस्थान, विज्ञानएवंप्रौद्योगिकीविभाग, भारतसरकार)
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM
KERALA – 695 011, INDIA

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(Form No PhD/37)

DIVISION OF ACADEMIC AFFAIRS

APPLICATION FOR REGISTRATION TO PhD JOINT PROGRAM

1. Name of the applicant: _____
(as in the qualifying degree certificate)
2. Birth Category (GN/SC/ST/OBC): _____
3. Age and Date of Birth: _____
4. Address: _____

5. Contact Numbers: Residence: _____ Mob: _____
Email ID: _____
6. Educational Qualification (starting from HSC or 12th to Qualifying examination):

<i>Exam Passed</i>	<i>Year of Passing</i>	<i>College/ University</i>	<i>% of marks obtained</i>	<i>Class/ Grade</i>

7. Employed/Not employed at present: _____
8. Details of professional/Research experience: _____
(Give name of the organization worked, work done, publication, Name of supervisor etc) in
Chronological order (Attach separate sheet if necessary)
9. Area/Topic of proposed work (*enclose one page write-up also*): _____

10. Name of Research Guide: _____

I request that I may be registered for the PhD joint program. I promise to abide by the rules and discipline of all the three Institutions.

Date:

Signature of applicant

CERTIFICATE BY THE RESEARCH GUIDE

At present I am supervising _____ candidates for PhD as detailed below.

<i>Sl. No</i>	<i>Name of the student</i>	<i>Register No.</i>

UNDERTAKING BY THE GUIDE

- 1) I, Dr....., Dept/Division/Lab:
agree to guide Mr./Ms./Dr. _____
- 2) The expenses, if required, for this PhD program shall be met from the project(s)/other resources.
- 3) I have reviewed and accepted the research proposal submitted by the student.

Date:

Signature of Research Guide

Signature of Head of the Department

Dy. Registrar

Registrar

**Associate Dean
(PhD Program)**

DEAN

(FOR OFFICE USE ONLY)

1. Register No: _____ 2. Date of Joining: _____

3. Name of Research Guide: _____

4. Department/Div/Lab: _____