

**SREE CHITRA TIRUNAL  
INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY**

*(An Institute of National Importance under Government of India with the status of University  
established by an Act of Parliament in 1980)*

**DIVISION OF ACADEMIC AFFAIRS**

*(Form No PhD/01; Revised on June 2018)*

**APPLICATION FOR REGISTRATION TO PhD PROGRAM**

1. Name of the applicant: \_\_\_\_\_  
(As in the qualifying degree certificate)
2. Category of Fellowship (Institute Fellow/UGC/CSIR/ICMR/KSCSTE, etc.): \_\_\_\_\_
3. Category (GN/SC/ST/OBC): \_\_\_\_\_
4. Age and Date of Birth: \_\_\_\_\_
5. Address: \_\_\_\_\_  
\_\_\_\_\_
6. Contact Numbers: Residence: \_\_\_\_\_ Mob: \_\_\_\_\_  
Email ID: \_\_\_\_\_
7. Educational Qualification (starting from HSC or 12<sup>th</sup> to qualifying examination):

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

8. Employed/Not employed at present: \_\_\_\_\_
9. 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).
10. Area/Topic of proposed work (*enclose one page write-up as per the format given below*):  
\_\_\_\_\_  
\_\_\_\_\_

11. Name of Research Guide: \_\_\_\_\_

I request that I may be registered for the PhD program of SCTIMST. I promise to abide by the rules and discipline of the Institute.

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

\_\_\_\_\_  
Signature of applicant

**UNDERTAKING BY THE RESEARCH GUIDE**

- 1) I, Dr....., Dept./Division/Lab: .....  
agree to guide Mr./Ms./Dr. \_\_\_\_\_
- 2) At present I am supervising \_\_\_\_\_ PhD students as detailed in the table below.

Sl. No.	Name of the student	Register No.

- 3) I have reviewed and accepted the research proposal submitted by the student.
- 4) The research expenses related for this PhD program, if any, shall be met from my project(s)/other resources (details attached).

Date: .....

\_\_\_\_\_  
**Signature of Research Guide**

\_\_\_\_\_  
**Signature of Head of the Department**

\_\_\_\_\_  
**Deputy Registrar**

\_\_\_\_\_  
**Associate Dean  
(PhD Program)**

\_\_\_\_\_  
**DEAN**

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**(FOR OFFICE USE ONLY)**

1. Register No: \_\_\_\_\_ 2. Date of Joining: \_\_\_\_\_

3. Name of Research Guide: \_\_\_\_\_

4. Department/Div./Lab: \_\_\_\_\_

**FORMAT FOR SUBMITTING THE RESEARCH PROPOSAL**

(Limit to one page, 1.5 line spacing)

Title of the proposal:

Background of the proposal:

Proposed objective(s):

Expected outcome(s):

Name and signature of the student:

Date:

Name and signature of the guide:

Date: