



Dr. YSR UNIVERSITY OF HEALTH SCIENCES::AP::VIJAYAWADA – 8

APPLICATION FOR Ph.D. REGISTRATION FOR THE ACADEMIC YEAR 2022-23
(FULL TIME / PART TIME)

Regn. No:

(For Office Use only)

Affix self
attested
passport
size
photograph

1. Name of the Candidate :
(In Full)
2. Father's Name :
3. Date of Birth :
4. Address for Correspondence :
5. Contact Details of the candidate :
Mobile No:
Telephone No:
E-mail ID:
6. a. Educational Qualifications :
(Degree, Post Graduate & Specialty)
b. Service Particulars, if applicable
 - a) Date of Appointment : b) Designation :
 - c) Name of the Department : d) Place of working:
 - e) Whether working on deputation: YES / NO
 - f) Name of the appointing authority:
7. a) Name and Address of the Recognized:
Research Guide (Please quote Sl.No.
from the list displayed) : Sl.No._____ Subject_____
- b) Date of Birth of Guide and Age as
on the date of notification. :
8. Name of the College / Institute where :
research will be conducted (A copy of University
recognition of Ph.D. Center is to be attached)
9. Name and address of the recognized :
Co-Guide (If applicable)
Also quote Sl.No.& Subject as per list
Sl.No._____ Subject_____

10. Whether the research will be carried out as Full time or Part time :
- 11.(a) Subject of Research :
- (b) If Research is Interdisciplinary, specify the subjects related :
- (c) Topic of Research :
(Enclose detailed plan of research– Title, Background, Introduction, Objectives, Methodology, Facilities available, Expected Results, Statistics, Implications/ relevance of the study, references, time frame etc.)
12. Whether Research work is related to clinical trials and if so, specify the details and enclose copy of CTRI Registration :
13. Furnish the details of Ethics Committee Clearance. (Animal / Human, as applicable & a copy of the same is to be attached) :
14. Whether any Financial Support is available for Ph.D. work, if so furnish the details :
15. Particulars of Demand Draft for Rs.5,900/- towards application fee (including GST charges) :
D.D.No. _____ Date: _____
Issue Branch Name and Place _____
- I hereby solemnly and sincerely affirm that the statements made and information furnished by me in the application along with the enclosures submitted are true and correct. If any information furnished therein is fraudulent, incorrect or untrue, I realize that my application will be rejected and I will not be allowed for selection / admission. I am liable for criminal prosecution. I shall abide by the decision of the University.
15. Signature of the candidate :
16. Signature of the Research Guide :
17. Signature of the Co-guide (if applicable) :
18. Signature of the Head of the Department (Specialty) :
along the Official Seal
19. Signature of the Principal of the College/
Head of the Institution (With Seal) :

NOTE:

1. Enclose Application fee of Rs.5,900/-(Rupees Five Thousand and nine hundred Only) including GST charges@ 18% by way of DD drawn on or before **26.08.2023** in favour of the Registrar, Dr. YSR University of Health Sciences, payable at Vijayawada on any Nationalized bank and two passport size photographs along with the attested copies of academic credentials, service particulars etc.
2. **INCOMPLETE APPLICATIONS (where no enclosures or unfilled columns are present) WILL BE REJECTED.**
3. The application can be downloaded from the website of the University <https://drysr.uhsap.in> and the print out of the filled in application along with all necessary enclosures shall be submitted to the Convener, Ph.D. Admissions, Dr. YSR University of Health Sciences, Vijayawada on or before **26.08.2023**.

List of self attested documents to be attached along with application form

1. Educational Qualifications (Under graduate, Post graduate etc.)
2. Date of Birth Proof (Copy of SSC)
3. Service Certificate issued by the Directorate concerned in respect of Govt. Service and the Management in respect of Private Service.
4. No Objection Certificate for doing Ph.D. programme from the Directorate concerned in respect of Govt. Service.
5. Detailed plan of research. (Title, Background, Introduction, Objectives, Methodology, Facilities available, Expected Results, Statistics, Implications/ relevance of the study, references, time frame etc
6. Clearance Certificate issued by Institutional Ethics Committee – human / animal, as applicable.
7. Letter issued by Dr. YSR UHS recognizing the Guide
8. Letter issued by Dr. YSR UHS recognizing the Ph.D. Centre
9. Copy of Registration with Clinical Trial Registry of India (CTRI), if the clinical trial IS involved in research work.
10. NOC from the Head of the Department regarding any specialized work [See Rule VI(c) of Regulations]
11. Any other document(s) as per Regulations.
12. Draft application proforma for approval.
