



अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

(An Institution of National Importance under Ministry of Health & Family Welfare, GOI)

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**APPLICATION FORM FOR Ph.D PROGRAMME**  
**JANUARY - 2025 SESSION**

**Application for Subject/Department:**

\_\_\_\_\_

**Applied Under:**

☐ With Own Fellowship ☐ Self Sponsored

Passport Size Photo

Signature

Name in Full (Block Letters) Miss / Mrs / Mr./Dr. \_\_\_\_\_

Father Name: \_\_\_\_\_ Mother Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Other

Community: ☐ UR ☐ OBC(NCL) ☐ SC ☐ ST ☐ EWS

Physically Handicapped: ☐ YES ☐ NO Marital Status: ☐ Married ☐ Unmarried

ID Proof: ☐ PAN Card ☐ Aadhar Card ☐ Driving Licence ☐ Passport

Aadhar Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email ID: \_\_\_\_\_ Alternate Mob. No. : \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Academic Record**

<b>Examination Passed</b>	<b>Name of the School/College/Institution / University</b>	<b>Year of Passing</b>	<b>Max Marks</b>	<b>Marks Obtained</b>	<b>Div/ Grade</b>	<b>Subject (S) Papers offered</b>
<b>HSC (10+2)</b>						
<b>Bachelor's Degree</b>						
<b>Master's Degree</b>						
<b>Any Other Examination</b>						

**Are you pursuing any other course in this or any other University/ Institution :**

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**Current Scholarship/ Fellowship drawn (if any, details of funding agency) :**

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**Research Experience (If any):**

<b>*Experience (From Date to Date)</b>	<b>Designation</b>	<b>Organization</b>

*(Attached separate sheet, if necessary)*

**Any Published articles/books, if yes, give details**

<b>Titles of Articles/Books</b>	<b>Journal Publishers</b>	<b>Date of Publication</b>

*(Attached separate sheet, if necessary)*

**To be Filled in by the Candidates who are Employed**

<b>Name of the Institution/ Organization</b>	<b>Designation</b>	<b>Period of Employment (From &amp; To)</b>	<b>Permanent/ Contractual/Project</b>	<b>Nature of Duties/Jobs</b>

**Undertaking / Declaration**

1. I declare that I fulfill the minimum eligibility requirements as prescribed by the Institute for admission to the Programme for which I have applied.
2. I further declare that the documents submitted in support of the information furnished by me in the Application Form are true in all respects and in case any entry, information, or documents are found to be false, this shall entail automatic cancellation of my admission.
3. I note that my admission to the Institute is subject to the provisions of the Acts and Rules of the Institute.
4. I shall abide by the rules of discipline and proper conduct that may be framed in this regard.

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

Signature \_\_\_\_\_

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

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

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**FOR OFFICE USE ONLY**

**Approved/Waitlisted/Rejected** \_\_\_\_\_

**Remark** \_\_\_\_\_

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

**Admission Committee**