



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

E-mail: registrar@mgmuhs.com Website: www.mgmuhs.com

Attach Recent Passport size Photograph of the Candidate

Application Form for PhD Entrance Test (2017 – 18)

Candidate's Signature

Instructions to candidates for filling up the form:

- (i) Write with **black ball point pen** in the boxes using English CAPITAL LETTERS.
- (ii) Write your name as mentioned on your **HSC** passing certificate. If any change in the name, produce a copy of Govt. Gazette.

1. Name of Candidate : Surname

 Name

 Father / Husband Name

2. Father Name : Surname

 Name

 Father Name

3. Mother Name : Surname

 Name

 Father / Husband Name

4. Aadhar Card No. :

5. Address for Correspondence:

6. Permanent Address:

7. Date of Birth (DD/MM/YY):

8. Nationality: Indian NRI FN/PIO/NRI

9. Gender: Male Female TG

10. Category: General OBC SC ST

11. Blood Group:

12. Telephone No:

13. Mobile No:

14. E-mail Address:

15. CET Examination Centre: Navi Mumbai Aurangabad

16. Preference of College for Admission:

Preference

Campus Code

1 MGM Institute, Navi Mumbai

2 MGM Institute, Aurangabad

17. Qualifications: (Attach attested copies of statement of marks of degree certificates in support of Qualifications).

Qualifications	School/College	Board/University	Year of Passing	Marks obtained (%)
HSC or equivalent				
Bachelor Degree ()				
Master Degree* ()				
Any other Degree ()				

*If appeared for PG degree and result is awaited, please mention "Result Awaited" in Year of Passing column.

18. Preference for PhD Courses:

Course Code	Name of PhD Course	Preferences
01	Medical Anatomy	
02	Medical Physiology	
03	Medical Biochemistry	
04	Medical Microbiology	
05	Medical Pharmacology	
06	Medical Biotechnology	
07	Medical Genetics	
08	Nursing	
09	Physiotherapy	
10	Biostatistics	
11	Hospital Administration	

19. Brief research protocol: Title, Introduction, Importance, Proposed Research Plan, Objectives, Methodology and References.

20. Demand Draft of applicable Application Fee in favor of "MGM Institute of Health Sciences" payable at Mumbai must be enclosed along with the application form.

DD No	DD Date	Bank Name	Amount

Declaration by the Candidate:

1. I hereby solemnly and sincerely affirm that the statement made and information given by me in the application form is true and correct.
2. I have not concealed any material information. However, if any information submitted herein is fraudulent, incorrect, misleading, incomplete or untrue, I understand that I am liable to criminal prosecution and I also agree to forgo my seat. I understand that the selection and admission to the course is also liable to be cancelled and I am entitled to pay fees for entire duration of course.
3. I agree to abide by the Rules & Regulations and procedures as prescribed by University from time to time.
4. I undertake to submit all the required certificates at the time of my selection process as per the rules, failing which my claim for selection shall not be granted.
5. Admission is subject to availability of vacancy and PhD guide in the concerned subject.

Date:

Place:

Signature of the Candidate

List of documents required to be submitted along with the form:

- HSC – Statement of Marks
- HSC --Passing Certificate
- Bachelor Degree Examination – Statement of Marks
- Bachelor Degree Certificate
- Master Degree Examination – Statement of Marks
- Master Degree Certificate
- College Leaving Certificate
- Nationality Certificate (if other than India)