

# ICMR -National Institute for Research Tribal Health (NIRTH)

(Department of Health Research, Ministry of Health & Family Welfare)

NIRTH Complex, Nagpur Road

P.O. - Garha, Jabalpur - 482 003

Madhya Pradesh, INDIA

website: nirth.res.in

Email: [director@nirth.res.in](mailto:director@nirth.res.in) , [nirthjabalpur@gmail.com](mailto:nirthjabalpur@gmail.com)

Phone: - +91-761-2370800, 2370818, 2673807, 3204738 Fax:- +91-761-2672239, 2672835

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## PROFORMA OF APPLICATION FOR Ph.D. PROGRAMME

Please read the Ordinance UGC/University for Ph.D. admission and follow instruction given on the Website of the institutes before you fill the form.

**For office use**

**Application No**  
**Date of receipt**

Faculty Applied for : .....

Interdisciplinary ( If Yes , Name other Faculty).....

Proposed Topic of Research .....

Proposed Research Area .....

Enclosed Brief description of proposed work in 500 words (Attach separate sheet)

Enclose brief description why you want to join this Institute (500 words)

**Name of the Candidate:** .....

**Father/Mother Name** .....

**Date of Birth (DD/MM/YYYY):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Sex:** Male  Female

**Married:** Yes  No

**Nationality:**

**Category:** GEN  SC  ST  OBC

**Adhar Card No** .....

**Email-ID (in block letters):** \_\_\_\_\_

**Full Address for Correspondence with telephone and mobile number:**

.....  
.....  
.....  
.....

**City** .....**State** .....

**Qualifying Exam** :.....( Attach copy of Degree)  
**Discipline** .....**Duration of Course (Year)**.....  
**Name of University /Institute** .....  
**Year of Passing** .....  
**CGPA/Marks/Percentages obtained in qualifying degree** ..... **Max Marks**.....  
(M.Sc. /M.Tech. /M.Pharm./.....)  
**GATE/NET/ICMR JRF/SRF/ CSIR/ /DBT** .....or any other equivalent Exam Passed .....  
**Name of Exam** .....  
**Year of passing** .....**Marks obtained** .....**All India Rank**.....

**Educational Qualifications:** (Start with Standard XII)

Qualification	University/Institute	Main Subjects	Year of Passing	Percentage of Marks/CGPA	Class/Division
10+2/Equivalent					
B.Sc./ B. Tech/ /B. Pharm MBBS.					
M.Sc./M.Tech./M.Pharma./MD					
Any other					

**Professional Experience (Research/Teaching/Industrial)**

Name of Organization	Designation	Type of Work	Period

**Name and address of two references those are familiar with your academic background**

Name .....	Name .....
Designation .....	Designation .....
Address .....	Address .....
City.....Pin.....	City.....Pin.....
Mob. No.....	Mob. No.....
Email ID .....	Email ID .....

## **Declaration**

- A) I declare that all the information given by me in this application form is correct to the my best of my knowledge and belief and I understand that false of incomplete information would cause invalidation of the application.
- B) I shall abide by the decision of ICMR-NIRTH, Jabalpur in all matters pertaining to admission in Ph.D. programme. The decision of the university and the Institute shall be final and binding on me.
- C) I shall abide by the rules and regulations of the university and research centre.
- D) I have carefully read and understand ordinance of the university for Ph. D. and I agreed to accept all terms, conditions and regulations.
- E) I understand that The work done and the data raised will be property of the Institute.
- F) I shall abide by the rules and regulations as per Ph.D. advertisement and subsequent notification if any

**Signature of the applicant**

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

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

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**N.B.:- All candidates for registration for the Ph.D. degree requested to read carefully the ordinance for Doctor of Philosophy of university and to follow the provision of the same**