

MANJARI DEVI COLLEGE OF NURSING
Purana Padhan, Balakati, Bhubaneswar, Pin: 752100

APPLICATION FOR Ph.D NURSING ADMISSION

Read the Regulations Governing Doctoral Degree (Ph.D) Program before filling. Wherever a box is provided, place a tick mark (√) inside to indicate "yes". Strike out whichever is not applicable.

1. Name (in BLOCK letters) :
(As in PG degree Certificate)
2. Specialization of your PG Degree qualification :
3. Name of the University from where PG degree awarded :
4. Programme for which applying :
5. Mode : Full Time Part Time
6. Date of Birth : ___/___/_____ Age:___ Blood Group :___
7. Father's Name : _____
8. Mother's Name : _____
9. Gender : Male Female
10. Nationality : _____ Aadhaar No.: _____
11. Social Status :
General/OBC/SC/ST :
(Enclosures required for if any claims)



12. Address for communication:

Office (If employed)	Address for communication
Designation_____	_____
Department_____	_____
Organization_____	_____
Place_____	_____
Dist. & State _____	Place: _____
Pin code_____	Dist. & State _____
	Pin code_____
Phone (with STD Code)	Phone (with STD Code)
Mobile _____	Mobile _____
E-Mail Id: _____	E-Mail Id: _____

13. If Part Time, Designation & Office of work : _____

14. Details of current employment (if applicable)

- (a) Name & Address of employer : _____

- (b) Nature of employment : Regular / Approved Probationer/ On Consolidated pay / On Contract / Visiting Faculty / Temporary / Teaching – Research Assistant
- (c) Scale of pay : _____
- (d) Date from which employed in the present post :
 (Attach Certificate from the employer)

15. Academic Credits
(Enclose copies of Degree certificates and Mark Sheets duly attested. Start with the latest degree obtained).

S. No.	Degree	Year of Passing	College	University	Major Discipline/ Specialization	Duration of Program	Class Obtained	% of Marks/ Obtained CGPA	Full Time / Part Time / Distance (Specify)

In case of foreign degrees equalance certificate is to be enclosed)

16. Are you M.Phil Degree holder : Yes / No
(If yes, details with evidence)
17. Are you qualified in : Yes / No (If yes, details with evidence)
UGC – NET/CSIR/SLET/
teacher fellowship holder or
equivalent
18. Area of Research (Tentative) :

19. Particulars of payment of Application Fee :

Name of the Bank & Branch	Demand Draft / Banker's Cheque No.	Date	Amount

Note: Application fee of Rs. 3,000/- need to be drawn in favour of “**MANJARI DEVI COLLEGE OF NURSING**”, payable at Bhubaneswar.

20. Declaration by the candidate

This is to certify that the particulars given above are correct and complete to the best of my knowledge and belief. I am aware that any wrong information or suppression of facts may result in punitive action in addition to cancellation of my candidature for admission to the programme irrespective of the status of my research work.

Place :

Date :

Signature of the Candidate:

**FOR PART-TIME PROGRAMME
CERTIFICATE FROM THE ORGANIZATION WHERE THE
CANDIDATE IS EMPLOYED**

Certified that Mr./Mrs. _____ is employed as
(Designation) _____ in the (Department /Division)

_____ of (Institution's Name &Address) _____

_____.

The Organization has no objection in forwarding his/her application and in pursuing Ph.D Nursing Programme at Manjari Devi College of Nursing, Bhubaneswar.

**Signature of Head of the Institution
where the candidate intends doing research**

Name and Designation : Seal

Place :

Date :