



# DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES

(Declared as Deemed to be University Under Section 3 of UGC Act 1956)

Conferred 'A' Grade Status by Ministry of HRD, Govt. of India

Re-accredited by NAAC (3<sup>rd</sup> Cycle) With 'A+' Grade (score 3.53 on 4 Point Scale)

Office: Sawangi (Meghe) Wardha – 442004. Maharashtra (India) Ph. No.: 07152-28701-06,304000 Fax : 07152 - 244254 Email : Medical\_wda@sancharnet.in

Office: Atrey Layout, Pratap Nagar, Nagpur – 440022 Maharashtra (India) Ph. No.: 0712-2229904 Fax : 0712 - 2245318 Email : Info@dmimsu.com Webiste-dmimsu.edu.in

Registration No: .....

## FORM - A

### APPLICATION FORM FOR DOCTOR OF PHILOSOPHY (PhD) IN THE FACULTY OF MEDICAL SCIENCES / DENTAL SCIENCES / AYURVEDIC SCIENCES / NURSING SCIENCES / PHYSIOTHERAPY SCIENCES / INTERDISCIPLINARY SCIENCES / PHARMACEUTICAL SCIENCES

*NOTE: No field in the Application Form should be left blank.  
Incomplete application will not be considered under any circumstances.*

To,  
The Registrar,  
Datta Meghe Institute of Medical Sciences  
(Deemed to be University),  
Sawangi (M), Wardha (Maharashtra).

Recent colour  
frontal view photo  
on a light blue  
background  
without any facial  
obstruction.

Dear Sir,

I, Dr./Mr/Mrs..... desire to register my name in the University as a  
research student for Degree of Doctor of Philosophy (Ph.D.) in the Subject.....  
under the Faculty of .....

#### CHECKLIST OF DOCUMENTS TO BE SUBMITTED:

Document	✓ or ★	Document	✓ or ★
PG Marklist		PG degree	
Graduation Marklist		Graduation degree	
Proof of DOB		Registration Certificate	
Change of name (If applicable)		Migration Certificate(PG)*	
NOC from Current employer(For External candidates)*			

- Mandatorily to be submitted as an Original copy

**A. PERSONAL INFORMATION:**

1. Full Name: .....  
(in BLOCK Letters & as per PG Degree Certificate)
2. Name of Father/Husband:.....
3. Name of Mother: .....
4. Date of Birth (In Figures).....  
(In Words).....
5. Marital Status: ..... 6. Sex: Male / Female ..:
7. Name of the Spouse: .....
8. Religion: ..... 9. Nationality: .....
10. Mother tongue: ..... 11. Cast:.....
12. Permanent Address for Correspondence .....
13. Mobile No: ..... 14.E-Mail Id.....

**B. EDUCATIONAL INFORMATION:**

1. Details of Examinations passed:

Examination Passed	Summer/ Winter	Board/ University	Year	Subjects offered	Marks obtained/ out of	Percentage/ Division
10 <sup>th</sup> S.S.C.						
12 <sup>th</sup> H.S.S.C.						
U.G. Degree						
P.G. Degree						
Any Other						

Note: Please enclose self-attested Photo copies of the documents.

2. Name of the College where from last qualifying degree obtained: .....
  3. Subject for Ph.D. : .....
  4. Registration in the faculty of:.....
  5. Name of the Supervisor:.....
  6. Name of the Co-Supervisor, if applicable:.....
  7. Proposed title of the research work: .....
- .....
- .....

8. Research place where the proposed research is to be carried out (Name and location the recognized place of research) .....
9. Enrollment Number, if passed from D.M.I.M.S. (D.U.): .....
10. Are you enrolled as a PhD Scholar in any other university? If so, Please specify.  
.....

**C. GENERAL INFORMATION:**

1. Refresher Workshop/ Advanced Courses attended in the concerned subject:

S.NO	ADVANCED COURSE/WORKSHOP ATTENDED	PERIOD		ORGANISED BY
		FROM	TO	

2. Particulars of Recent Research Publications, Books or Papers, if any:

S.NO	TITLE OF PUBLICATION	PUBLISHED IN	VOLUME & YEAR

\*Please use a separate sheet if necessary.

3. If employed (nature & place of employment): .....

*(Signature of the applicant)*



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## UNDERTAKING

To,  
The Director,  
PhD Cell,  
DMIMS (Deemed to be University),  
Sawangi (Meghe),  
Wardha (Maharashtra).

Dear Sir/Madam,

I, Mr/Ms..... ,

residing at ....., do hereby declare that the information given in the Application Form & Provisional Registration Form and the certificates/documents submitted to this University along with it is true, complete and correct to the best of my knowledge.

In case, any of the particulars furnished in the Application Form & Provisional Registration Form and the Certificates/documents submitted are found to be otherwise or false at a later/any stage, I shall forfeit the admission to this course.

I agree to submit all the necessary Documents /Certificates in **Original** at the time of admission to the course.

I agree to abide by the Rules, Regulations and Procedures as notified by the University from time to time.

I also undertake that I shall not take any full time course in any other University during the period of my registration or till the submission of the Doctoral thesis.

I understand that canvassing in any form for securing admission shall be liable for serious action.

I am also aware that after being registered in this University, in all matters concerning registration, the decision of the University authorities shall be final and binding & I shall abide by it.

Place :.....

Date :.....

(Signature of the applicant)

S. No: 2020- July/



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## ACKNOWLEDGEMENT

Received the PhD Registration Form No..... of Mr/Ms /Dr .....  
along with Admission & Registration fees amount of Rs..... through D.D payable at Wardha .  
D.D. No. .... Dated .....in favour of D M I M S (DU).

Signature of the Official



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Registration No: .....

## FORM - B

### APPLICATION FORM FOR DOCTOR OF PHILOSOPHY (PhD) IN THE FACULTY OF MEDICAL SCIENCES / DENTAL SCIENCES/AYURVEDIC SCIENCES/NURSING SCIENCES/PHYSIOTHERAPY SCIENCES/ INTERDISCIPLINARY SCIENCES/PHARMACEUTICAL SCIENCES

To be submitted as a Single copy along with TWO HARD copies of Research Synopsis

No field in this Form should be left blank.

#### (1) - RECOMMENDATION OF THE SUPERVISOR

(i) I, Dr. .... am willing to supervise the research work of  
Dr./Mr./Mrs..... The proposed subject of research and the  
synopsis enclosed herewith, have my approval.

(ii) The title of research shall be: .....  
.....  
.....

(iii) The research shall be undertaken in the faculty of:.....

(iv) Number of students already registered under my supervision is/ are .....

(v) I have been recognised as a Ph. D. Supervisor by the University vide letter No.....  
dated .....

Place : .....

Date : .....

(Signature & Seal of the Supervisor)

Name : .....

Designation:.....

Address:.....



**(2) - RECOMMENDATION OF THE CO-SUPERVISOR (IF APPLICABLE)**

- (i) I, Dr. .... am willing to co-supervise the research work of Dr./Mr./Mrs..... The proposed subject of research and the synopsis enclosed herewith, have my approval.
- (ii) The title of research shall be: .....
- (iii) The research shall be undertaken in the faculty of: .....
- (iv) Number of students already registered under my supervision is/ are.....
- (v) I have been recognised as a Ph. D. Co-Supervisor in the University vide letterNo..... dated .....

Place :.....  
Date :.....

*(Signature & Seal of the Co-Supervisor)*  
Name : .....  
Designation:.....  
Address:.....

**(3) - ENDORSEMENT OF THE HEAD OF THE DEPARTMENT**

The necessary facilities of infrastructure, instruments, equipments, reagents and trained persons are available in the department/Institution and shall be provided to the applicant and that no similar research project has been conducted in the Department since last 10 years. Hence, the proposal is recommended.

Place :.....  
Date :.....

*(Signature with Seal of H.O.D.)*  
Name : .....

**(4) - FOR INTERDISCIPLINARY FACULTY (if applicable)**

If any other Department involved in the research, name of the Dept:.....  
Name of College : .....  
Consent of the Co- Supervisor: .....

Place :.....  
Date :.....

*(Signature with Seal of the Dean/ Principal)*  
Name : .....



(5) - DEPARTMENTAL RESEARCH COMMITTEE

Name of the Candidate	:	
Department	:	
Name of the Institute	:	
Course of Study & Subject	:	
Date of submission of synopsis	:	
Title of the proposed research work	:	
SYNOPSIS (as per the guidelines)	:	
Technical Soundness (rationale, literature review, objective, approach, methodology, references)	:	
Feasibility (Please fill and sign the separate feasibility certificate )	:	Technical : Infrastructural : Financial :
Remarks	:	
Signature of the Candidate	:	
Name and Designation of the Co-Supervisor	:	
Signature of Co-Supervisor	:	
Name and Designation of the Supervisor	:	
Signature of Supervisor	:	

(Signature of the Chairman)  
Departmental Research Committee

Name : .....



**(6) - SCIENTIFIC SCRUTINY COMMITTEE**

Name of the Candidate	:	
Department	:	
Name of the Institute	:	
Course of Study & Subject	:	
Date of submission of synopsis	:	
Title of the proposed research work	:	
SYNOPSIS (as per the guidelines)	:	
Technical Soundness (rationale, literature review, objective, approach, methodology, references)	:	
Feasibility (Please fill and sign the separate feasibility certificate )	:	Technical : Infrastructural : Financial :
Remarks	:	
Signature of the Candidate	:	
Name and Designation of the Co-Supervisor	:	
Signature of Co-Supervisor	:	
Name and Designation of the Supervisor	:	
Signature of Supervisor	:	

(Signature & Seal of the Chairman)  
Scientific Scrutiny Committee

Name : .....



(7) - CENTRAL RESEARCH LABORATORY

**Proforma of Feasibility Criteria for Investigations**

- Name of the Scholar:
- Name of the Supervisor:
- Department:
- Title of the Doctoral work:

<b>Sr. No.</b>	<b>Investigation required</b>	<b>Quantity</b>	<b>Laboratory in which the Investigation will be carried out</b>	<b>Signature of Laboratory In-charge</b>
1				
2				
3				
4				
5				
6				

Signature of the Scholar

Signature of the Co-Supervisor

Signature of CRL Representative

Signature of the Supervisor



**(8) RESEARCH GUIDANCE CLINIC**

Name of the Candidate	:	
Department	:	
Name of the Institute	:	
Course of Study & Subject	:	
Date of submission of synopsis	:	
Title of the proposed research work	:	
SYNOPSIS (as per the guidelines)	:	
Technical feasibility	:	Research Design Type of study Sample size, Variables Statistical Analysis
Financial Feasibility	:	Project Feasible/Not feasible Type of Project- Funded/Non-funded If funded- Details of funding agency If not funded- financial implications
Remarks	:	
Signature of the Candidate	:	
Name and Designation of the Co-Supervisor	:	
Signature of Co-Supervisor	:	
Name and Designation of the Supervisor	:	
Signature of Supervisor	:	

(Signature & Seal of the Director)  
Research Management Cell

Name : .....



(9) - FORWARDING AUTHORITY

Forwarded and recommended. Necessary facilities are available in the Department / Institution and shall be provided to the applicant.

Place : .....

*(Signature with Seal of the Dean/Principal)*

Date : .....

Name : .....

(10) Schedule of payable fees is as follows:

S.N.	Particulars	Internal	External Candidates doing PhD at recognized centers of DMIMS (DU)	External	When to pay
	Ph. D. Provisional Application Form Fees	500/-	500/-	500/-	Purchase of Provisional Application form
	Admission & Provisional Registration	15,000/-	18,000/-	18,000/-	Submission of Provisional Application form
Phase-I	Research Methodology Part-I	--	10,000/-	10,000/-	After DRC and within 15 days of the receipt of approval letter from the University
	Application form for Research Methodology Part-I Examination	--	500/-	500/-	
	Statement of Marks	--	500/-	500/-	
	Other Fees	--	5000/-	5000/-	
	Annual Research Fee	--	--	50,000/-	
Phase-II	Annual Research Fees	--	--	50,000/-	By 31 <sup>st</sup> Jan and 31 <sup>st</sup> July every year (As per the batch)
Phase-III	Annual Research Fees	--	--	50,000/-	Final Submission of the Thesis for Public Viva- Voce Examination
	Submission of Thesis	10,000/-	10,000/-	10,000/-	
	Public Viva-Voce Examination	50,000/-	70,000/-	70,000/-	

\*\* Fees can be modified as notified by the competent authority time to time.

**-:: GENERAL INSTRUCTIONS ::-**  
**TO BE RETAINED BY THE CANDIDATE**

- (1) Only those scholars who have passed the qualifying examination, appeared for the Oral Interview and subsequently declared eligible should submit the Provisional Registration Form.
- (2) Incomplete Provisional Registration Form shall not be considered under any circumstances.
- (3) Photocopies of the documents attached should be self attested by the scholar & submitted along with the Provisional Registration Form if in case not submitted earlier. All documents including the application form must be scanned and submitted as a CD at the time of verification of documents.
- (4) The scholar shall submit the duly completed & filled Provisional Registration Form on or before 03.11.2020 in office of the Ph.D Cell, University Office, Sawangi (Meghe), Wardha.
- (5) The Scholar shall submit the Research Synopsis in duplicate along with the duly filled 'Form B' included with the Provisional Registration form to the Research Guidance Clinic & subsequently to the IEC for its approval.
- (6) All Research Scholars shall submit the Six monthly progress reports in the specified format and the prescribed fees to the University by 31<sup>st</sup> January & 31<sup>st</sup> July.
- (7) The Scholars registered in Category B (iii) shall also maintain the log book which is a record of contact sessions with the Supervisor.
- (8) It is mandatory for all the Scholars to attend the Research Methodology workshop as & when planned and submit the Certificate to this effect to the University.
- (9) As per the Circular No. DMIMS(DU)/2018-19/998 dated 12.01.2019, it is compulsory for all scholars to register for at least one on-line SWAYAM/MOOC Courses identified by the University and produce the course completion certificate along with the first progression report.

Website: <https://swayam.gov.in> & [mooc.org](https://mooc.org)

Category	Students	SWAYAM/MOOC	Name of the Course
Category-I	PhD in all disciplines	SWAYAM	<ul style="list-style-type: none"> <li>• Data Analysis</li> <li>• Intellectual Property</li> </ul>
		MOOC	<ul style="list-style-type: none"> <li>• Research Methodology</li> <li>• ICT</li> </ul>
Category-VI	PhD in Pharmacology	SWAYAM	<ul style="list-style-type: none"> <li>• Drug delivery technology</li> </ul>