



श्री चित्रातिरुनालआयुर्विज्ञानऔरप्रौद्योगिकीसंस्थान, त्रिवेंद्रम, केरल- 695 011, भारत  
(एकराष्ट्रीयमहत्वकासंस्थान, विज्ञानएवंप्रौद्योगिकीविभाग, भारतसरकार)  
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM  
KERALA – 695 011, INDIA

(An Institution of National Importance, Department of Science and Technology, Govt. of India)  
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(Form No PhD/01; Revised in July 2022)

**DIVISION OF ACADEMIC AFFAIRS**

**APPLICATION FOR REGISTRATION TO PhD PROGRAM**

1. Name of the applicant: \_\_\_\_\_  
(As in the qualifying degree certificate)
2. Category of Fellowship (Institute Fellow/UGC/CSIR/ICMR/KSCSTE, etc.): \_\_\_\_\_
3. Category (GEN/SC/ST/OBC): \_\_\_\_\_
4. Age and Date of Birth: \_\_\_\_\_
5. Address: \_\_\_\_\_  
\_\_\_\_\_

District:.....Rural/Urban..... Domicile.....

6. Contact Numbers: Residence: \_\_\_\_\_ Mob: \_\_\_\_\_  
Email ID: \_\_\_\_\_

7. Educational Qualifications (starting from HSC or 12<sup>th</sup> to qualifying examination):

Exam Passed	Year of Passing	College/University	% of marks obtained	Class/Grade

8. Employed/Not employed at present: \_\_\_\_\_

9. Details of professional/research experience: \_\_\_\_\_

(Give name of the organization worked, work done, publication, Name of supervisor etc.) in Chronological order (Attach separate sheet if necessary).

10. Area/Topic of proposed work  
(enclose one page write-up as per the format given below): Enclosed/Not enclosed

11. Name of Research Guide:

I request that I may be registered for the PhD program of SCTIMST. I promise to abide by the rules and discipline of the Institute.

Date:

\_\_\_\_\_  
*Signature of applicant*

**UNDERTAKING BY THE RESEARCH GUIDE**

1) I, Dr \_\_\_\_\_, Dept./Division/Lab:

\_\_\_\_\_ agree to guide Mr./Ms./Dr \_\_\_\_\_

2) At present I am supervising \_\_\_\_\_ PhD students as detailed in the table below.

<i>Sl. No.</i>	<i>Name of the student</i>	<i>Register No.</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

3) I have reviewed and accepted the research proposal submitted by the student.

4) I hereby declare that adequate resources are available in the lab for doing the proposed research work **OR** The expenses related to this PhD program will be met from the project (..... details attached )

Date:

\_\_\_\_\_  
*Signature of Research Guide*

**UNDERTAKING BY THE HEAD OF THE DEPARTMENT**

I certify that adequate resources are available with the guide /in the division/department (*please strike through which are not relevant*) for carrying out the proposed research work.

\_\_\_\_\_  
*Signature of Head of the Department*

\_\_\_\_\_  
*Deputy Registrar*

\_\_\_\_\_  
*Registrar*

\_\_\_\_\_  
*Associate Dean  
(PhD Affairs)*

\_\_\_\_\_  
*DEAN*

(FOR OFFICE USE ONLY)

1. Name of Research Scholar: \_\_\_\_\_

2. Register No: \_\_\_\_\_ 3. Date of Joining: \_\_\_\_\_

3. Name of Research Guide: \_\_\_\_\_

4. Department/Div./Lab: \_\_\_\_\_

**FORMAT FOR SUBMITTING THE RESEARCH PROPOSAL**

(Limit to one page, 1.5 line spacing)

Title of the proposal:

Background of the proposal:

Proposed objective(s):

Expected outcome(s):

Name and signature of the student:

Date:

Name and signature of the guide:

Date: