

**Ph.D Cell – Examination Branch**  
**Application form for Ph.D Registration**  
**Baba Farid University of Health Sciences, Faridkot**  
**(Faculty of \_\_\_\_\_ Sciences)**

(A) General Information

1.	Name of the Degree for which applying	
2.	Name of the Faculty in which Registration is sought	
3.	Research centre / Department / Institute where research work for PhD is proposed to be done	
4.	Whether the candidate is a regular full time candidate or a part time candidate?	
5.	Whether the research Project for Ph.D Degree is funded by any funding agency? (if yes attach details)	

(B) Information about the candidate

Passport size  
 photograph of  
 candidate

1.	Name of the Candidate (In block letters)	
2.	Date of Birth	
3.	Age and Sex	
4.	Father's Name	
5.	Mother's Name	
6.	Degree for which applying	

7.	Date of application	
8.	If employed, give designation and present address (Attached NOC from work place)	
9.	Permanent address of the candidate	
10.	Postgraduate qualification obtained by the candidate	
11.	Year of passing Postgraduate examination, Name of the college & University	
12.	University Registration No. (Note : if the candidate is not already registered with BFUHS, Faridkot then the candidate is advised to move his/her application for registration with migration certificate from previous university) after registration from faculty	
13.	Faculty in which registration is sought	
14.	Proposed subject of Ph.D thesis (Give topic in Block Letters)	
15.	Name of the supervisor	
16.	Designation / Address of the Supervisor	
17.	Name of the Co-Supervisor	
18.	Designation / Address of the Co-Supervisor	
19.	Have you submitted with this application a copy of the Synopsis for Ph.D giving a brief outline of about 250 words or more indicating the scope of the subject and general approach to it?	

20.	Fee for registration for PhD (i) Amount (ii) Receipt no. (iii) Dated	
21.	Particulars of Academic Records	Give in the attached Performa
22.	Have you already obtained the PhD degree? If yes, give particulars indicating the topic of the thesis accepted, name of the faculty and name of the University with the year of obtaining the PhD degree.	
23.	Academic awards or distinctions received, If any	
24.	Teaching awards Experience (give details)	
25.	Research Experience (give details)	
26.	Details of published work, if any (can attach a separate sheet, if need be)	
27.	Any other Information relevant to PhD registration	

Dated:

Signature of the candidate

Place:

Name & Address

## Performa for Academic Records

Examination Passed	Subject taken	Marks Obtained	Division with percentage	Year of Passing	Name of the Board / University
Matric					
10+2					
Graduation					
Post graduation					
Any other exam passed					

(Note 1: attach attested copies of the examinations passed)

(Note 2: if need be, candidate can use a separate sheet in the specified format)

## Declaration by the candidate

(Applying for Ph.D Registration)

I.....S/O Sh.....  
Applying for Ph.D Registration in the faculty ..... Sciences of Baba  
Farid University of Health Sciences, Faridkot declare that:-

- a) I have read the ordinances for Ph.D Registration in the Faculty of .....  
Sciences and that I have understood these Ordinances and I hereby agree to abide by them.
- b) The thesis on the topic given in my application form for Ph.D registration, has not already  
been submitted and shall not be submitted by me in future for obtaining a similar degree  
from any other University.
- c) The thesis approved or rejected by the University shall not be published without permission  
from the University.

Dated:

Signature of the candidate

Place:

Name & Address

## Certificate of the Supervisor / Co-Supervisor

I/we consider the proposed topic of .....

.....

..... for PhD Registration of Dr./Sh..... S/o Sh.....

..... in the faculty of ..... Sciences of Baba Farid University of

Health Sciences, Faridkot worthy of Research for PhD degree and I/we agree to supervise the work of the candidate.

Signature of the Co-Supervisor

Signature of the Supervisor

Name & Address

Name & Address

(Note : Attach complete CV of the Supervisor & Co-Supercisor)

## Certificate of the Head of the Department

Certified that the candidate Dr./Sh..... S/o Sh.....  
applicant for PhD in the faculty of ..... Sciences of Baba Farid University of  
Health Sciences, Faridkot has shown to me the original certificate, testimonials, published research  
work etc. in support of the particulars filled in by the candidate in his / her application form for  
PhD registration and I find that these are correct.

Dated:

Signature of the Head of Department

Place

Name & Address





III. Registration Branch

1. The candidate is a full time regular candidate / a part time candidate.
2. The candidate has submitted application on dated.....
3. The application has been received in Examination Branch on dated.....
4. The applicant is eligible / not eligible as per the Ordinance of the faculty of ..... Sciences relating to the PhD degree and registered vide para no..... dated.....

Authorized Signatory

**Baba Farid University of Health Sciences, Faridkot**

---

May the case be sent to the PhD Application Screening Committee (ASC) for consideration.

Submitted for orders, please.

Concerned Branch / Authorized Signatory

Registrar