

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

हिंगोरीटों, म्हसरळ, नाशिक— ४२२००४, Dindori Road, Mhasrul, Nashik - 422004 Tel: (0253) 2539206 / 196 (0253) 6659206 / 196 Website: www.muhs.ac.in, E-mail: udc@muhs.ac.in

Application for Provisional for PhD Course for the A.Y.2022-23

As per Direction No. 01/2020

(To be filled by Research Centre)

(To be fined by Research Centre)								
·	Subject							
Category of the Candidate:	Category under which admitted:							
To,								
The Registrar,								
Maharashtra University of He	alth Sciences, Nashik							
Mhasrul, Dindori Road,								
Nashik- 422 004								
Sir,								
	isional registration for PhD Course 2022-23. I state that I							
have not registered as a student	for PhD or any other degree in this University or any other							
University.								
My details about me are as follo	DWS:							
1 Name (in CADITAL):								
(Surna								
`								
2. Date of Birth								
4. Permanent Address: -								
	PIN							
5. Address for Correspondenc	e:-							
	PIN							
6 Mobile no :	F-Mail ID:-							

7. Category (Please Tropen SC SPWD		NTB NTC NTD OBC EWS
Designation		
9. I am fulfilling eligib Yes / No.	ility condition	ns as per Section 12 of MUHS Direction No. 01/2020
Date: -		Name and Signature of Candidate
	<u>Undertaki</u>	ng by the Candidate
I Dr. /Mr./Ms/		hereby declare that,
all the particulars give	n above relat	ed to me are true, to the best of my knowledge. I have
read the rules for the d	egree of Doc	tor of Philosophy (PhD) prescribed under Direction No.
01/2020 by MUHS, Na	ashik, and I t	undertake to abide by rules & regulations prescribed by
University from time t	o time. I also	o undertake to work regularly at the Place of Research
and as per the recomme	endations of r	research Guide.
Thanking You.		
		Yours Sincerely,
Place: -		
Date: -		Name and Signature of Candidate
	Recommer	ndation of the Guide
I Dr. /Mr./Ms/		allotted guide to
Dr./Mr./Ms/		for research work
leading PhD as per rul	es and regula	ntions prescribed by the University, hereby certify that I
am ready to Guide t	his Candidat	te for PhD Course. I recommend his/her name for
provisional registration	n. Presently .	No. of students are registered under me for PhD
Course under MUHS,	Nashik and .	No. of students under other University (If yes, then
mention	the	name of the
University		
Place: -		
Date: -		Name and Signature of Research Guide

Recommendation of the Head of the Department												
Ι	am	pleased	to	forw	ard	the	name	of	Dr.	/Mr./	Ms/	
						as a	Ph.D.	scholar ı	ınder the	guidance	e of	
	Dr./Mr.	/Ms/						at this	researcl	n centre	for	
	provisio	nal registrat	ion for 1	PhD 2022	-23.							
Pla	ace: -											
_												
Da	Date: -						Name and Signature of HOD with Seal					
_												
Recommendation Head of the Research Centre												
		I	am	pleased	to	forward	the	name	of Dr.	/Mr./]	Ms/	
						as a	Ph.D.	scholar ı	ınder the	guidance	of	
	Dr./Mr.	/Ms/						at this	research	n centre	for	
provisional registration for PhD 2022-23 The fees for admission to PhD Course are paid by											by	
the candidate as notified by the University.												
Pla	ace: -											
Da	ite: -	Name and S	Signatu	re of								
			_			Hea	ad of th	e resear	ch Centre	with sea	ıl	