



**BLDE**

**(DEEMED TO BE UNIVERSITY)**

Declared as Deemed to be University u/s 3 of UGC Act, 1956

The Constituent College

**SHRI. B. M. PATIL MEDICAL COLLEGE, HOSPITAL AND RESEARCH CENTRE**

Smt. Bangaramma Sajjan Campus, B. M. Patil Road (Sholapur Road), VIJAYAPURA-586103. Karnataka, India.  
Phone:08352-262770 (Ext-2329,2330), Fax: 08352-263303, website:www.bldeuniversity.ac.in, e-mail:office@bldeuniversity.ac.in

Application Form for Registration for  
Ph.D. Programme in the Faculty of \_\_\_\_\_

Recent  
Photograph  
taken within 6  
months

1	Name of the Applicant					
2	Permanent Address in Full  (Mobile Number and e-mail ID)					
3	Address for Correspondence					
4	Category - SC, ST, OBC, Others					
5	Gender					
6	Nationality					
7	Date of Birth					
8	Details about Post Graduate Degree (3 Years / M.D. /M.Sc.)					
Sl. No.	Degree	Name of the College/ University	Year of Passing	Marks		
				Maximum	Obtained	Percentage

9	D.D. No., Date and Name of the Bank	
10	Are you an employee of this Institute? If so furnish the details.	
11	Whether all documents listed in Annexure is enclosed or not.	

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect my candidature for Ph.D. Programme is liable to be cancelled by the Institution.

Date:

Place:

Signature of the candidate

**Please Note:** List of enclosures to accompany the application form (Certified Photo Copies)

1. Recent passport size photographs (Three)
2. 10<sup>th</sup> Class Marks Card (Date of Birth proof document)
3. UG & PG Examination Marks Cards
4. UG & PG Degree Certificate
5. Passing Certificate
6. NOC from concerned Authorities/Employer's
7. Migration Certificate
8. Transfer Certificate
9. Caste Certificate
10. Demand Draft