

National Institute for Research in Tuberculosis

Indian Council of Medical Research (ICMR)

No.1, Mayor Sathiyamoorthy Road

Chetpet, Chennai - 600 031

INDIA

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PROFORMA OF APPLICATION FOR Ph.D. PROGRAMME

1. Name of the Candidate: _____

2. Date of Birth (DD/MM/YYYY): ____ / ____ / ____

3. Sex: Male Female

4. Whether Married: Yes No

5. Nationality: _____

6. Email-ID: _____

7. Full Address for Correspondence with telephone number:

8. Educational Qualifications: (Start with Standard X)

Degree Obtained	University/ Institution	Subjects Offered	Year of Passing	Percentage of Marks	Class/Division

9. Professional Experience (Research/Teaching/Industrial)

Name of Organization	Position held	Type of Work	Period

10. Statement of purpose: (not exceeding 500 words, highlighting your subjects of study, research interests and research plans)

11. Three Areas of Research Interests:

- 1. _____
- 2. _____
- 3. _____

12. Results of CSIR/UGC-NET/ICMR/DBT-Inspire /BET qualified: Qualified Not Qualified

**If qualified, provide details of the qualifying exam:
(month/year; Registration number)**

13. Please provide name and address (with telephone number and email ids) of two academic references:

(i)

(ii)

Signature of the applicant

Place: _____

Date: ___ / ___ / ____