

REGIONAL CANCER CENTRE

Division of Cancer Research
Thiruvananthapuram – 695 001

APPLICATION FOR Ph.D PROGRAM

**Please affix a
passport size
photo here**

1. Name as appearing in the degree certificate:
(IN CAPITAL LETTERS)
2. Age & Date of birth :
3. Sex: Male Female
4. Address for correspondence with Pin code:
5. Permanent Address :
with E-mail ID & Tel. No
6. Nationality:

7. Educational Qualification

Sl No.	Examination	Year of passing	Institution/ Board / University	Main Subjects	Class	Percentage
1.	SSLC/10 th					
2.	HSC/12 th					
3.	Degree (B Sc)					
4.	Post Graduation (M.Sc)					
5.	Any other degree/ diploma (specify)					

8. Qualifying Examination for JRF* (CSIR/UGC/ICMR/DBT/KSCSTE)
(Attach proof)

Name of Examination	Year	Reg. No. (Roll No.)	Validity date	Status

*Candidates already appeared for the fellowship examination and awaiting results can also apply. However, they will be interviewed only if they have a valid fellowship at the time of interview.

Certificate

I hereby certify that all the information provided above is correct to the best of my knowledge.

Signature of the applicant

Name:

Place:

Date: