

# Ph.D. APPLICATION FORM

## SESSION 2025 - 2026

## APPLICATION FOR ADMISSION IN

**Applicant to  
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<input type="checkbox"/> Medical Anatomy	<input type="checkbox"/> Medical Physiology	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Public Health
<input type="checkbox"/> Medical Biochemistry	<input type="checkbox"/> Biotechnology	<input type="checkbox"/> Food & Nutrition	<input type="checkbox"/> Radio Imaging Technology
<input type="checkbox"/> Medical Microbiology	<input type="checkbox"/> Biochemistry	<input type="checkbox"/> Computer Science	<input type="checkbox"/> Stem Cell Biology and Regenerative Medicine
<input type="checkbox"/> Medical Pharmacology	<input type="checkbox"/> Pathology	<input type="checkbox"/> English	
<input type="checkbox"/> Molecular Medicine	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Clinical Psychology	
<input type="checkbox"/> Molecular Biology and Genetics	<input type="checkbox"/> Nanoscience and Nanotechnology	<input type="checkbox"/> Medical Lab Technology	

1. NAME OF THE APPLICANT : MS./MRS./MR. (IN BLOCK LETTERS)

[illegible]

2. DATE OF BIRTH

[ DD ]		[ MM ]		[ YEAR ]			

### 3. SEX (✓)

MALE FEMALE

MALE FEMALE

#### 4. NATIONALITY

[illegible]

5. DO YOU HAVE ANY PHYSICAL DISABILITIES? (✓)

☐ YES ☐ NO

YES

NO

6. DO YOU HAVE ANY MEDICAL CONDITION OR LEARNING DISABILITY THAT MAY REQUIRE SPECIAL ATTENTION DURING THE COURSE ?

YES NO

YES

NO

IF YES, PLEASE SPECIFY .....

7. CATEGORY

☐ GENERAL ☐ OBC ☐ SC/ST ☐ OTHER STATE

### 8. PERMANENT ADDRESS

[illegible]

CITY

[illegible]

STATE

[illegible]

PIN CODE

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TELEPHONE

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EMAIL

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9. MAILING ADDRESS

☐ SAME AS PERMANENT ADDRESS

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CITY

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STATE

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10. EDUCATIONAL QUALIFICATION

Examination	Roll No.	Year of Passing	Board/University	Subject Offered	% of Marks	Division/Grade
10th Std./ High school						
SSC/(10+2)/Inter						
Under graduation						
Post graduation						

11. ANY OTHER PROFESSIONAL QUALIFICATION / DIPLOMA

Name of Professional Qualification/Diploma	Year of Passing	Board/ University	% of Marks	Division/ Grade	Experience in Months/ Years

12. HAVE YOU EVER BEEN AFFILIATED WITH ERA UNIVERSITY IN THE PAST ?

☐

YES

☐

NO

IF YES SPECIFY DURATION FROM ..... TO .....

NAME .....

EMPLOYEE ID .....

WORK EXPERIENCE

13. ARE YOU CURRENTLY EMPLOYED ?

☐

YES

☐

NO

TYPE OF WORK

☐

INTERNSHIP

☐

VOLUNTEERING

☐

UNPAID

☐

PAID

NAME OF THE ORGANIZATION / INSTITUTION ..... JOB TITLE .....

Name (NET/SET/GATE etc.)	Registration No.	Month & Year of Passing

15. FATHER'S NAME

[illegible]

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[illegible][illegible][illegible]

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[illegible][illegible][illegible]

☐ YES ☐ NO

NAME .....

EMPLOYEE ID ..... RELATION .....

## DECLARATION BY THE CANDIDATE

I ..... S/o or D/o ..... declare that the information furnished by me herein is true and correct. In case any information furnished herein is found to be incorrect or any document is found to be forged, I agree to forego my claim for admission and abide by the decision of the University authorities.

I further certify on oath that there is no criminal case pending in any Court of Law against me.

I further declare that I have fully read the prospectus furnished with the application form and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein.

PLACE :

Date :

Signature of the candidate

★ JRF/NET/GATE/GPAT Qualified candidates will be exempted from entrance test, however such candidates have to appear in Ph.D. interview

### 19. LIST OF ENCLOSURE :

Applicants are instructed to enclose the following details:

S.no.	Particulars	✓/X
1	Self Attested copy of SSLC Mark Sheet	
2	Self Attested copy of 10+2 Mark Sheet	
3	Self Attested copy of UG Degree (or) Provisional Certificate	
4	Self Attested copy of PG Mark Sheet / Cumulative	
5	Self Attested copy of PG Degree (or) Provisional Certificate	
6	Self Attested copy of M.Phil. Degree (or) Provisional Certificate	
7	Self Attested copy of CSIR/UGC/DBT/DST/NET/SLET/GATE/GPAT Fellowship	
8	Self Attested copy of appointment order in Research Project (JRF/SRF) University Research fellow (URF)	
9	Employment Certificate (If applicable)	
10	Aadhar Card Copy	

Signature of the Candidate

### Note:

- The candidate must ensure that application is complete and all the necessary documents enclosed before submitting the application.
- Incomplete application submitted without enclosing any necessary documents will not be accepted. No interim correspondence will be made.

The duly filled application should be submitted in person or by post to:

The Admission Cell,  
Era University,  
Safarazganj, Hardoi Road,  
Lucknow-226003