राजेन्द्र आयुर्विज्ञान संस्थान

(झारखण्ड सरकार का एक स्वयंतशासी संस्थान) राँची–834009(झारखण्ड) दरभाषः 0651–2541533 फैक्सः 0651–2540629

दुरभाषः 0651—2541533, फैक्सः 0651—2540629, E-mail: deanresearchrimsranchi@gmail.com



RAJENDRA INSTITUTE OF MEDICAL SCIENCES

(An Autonomous Institute under Govt. of Jharkhand) Ranchi-834009(Jharkhand)

Phone: 0651-2541533, Fax: 0651-2540629, Email: deanresearchrimsranchi@gmail.com

कार्यालय आदेश DR0 2023 02/रिम्स, राँची

दिनांक 03 01 2023

रिम्स, राँची में प्रारम्भ Ph.D प्रोग्राम सत्र 2021 के अन्तर्गत निम्नलिखित Ph.D आवेदको का Synopsis, Department Research Council द्वारा Pre-Ph.D Registration seminar के माध्यम से अनुमोदित किया गया है

SI No.	Name	Full Time/ Part Time (Internal or External)
1	Dr. Pallavi Indwar	Part Time (External)
2	Dr. Simpy Amit Mahuli	Full Time
3	Dr. Shraddha Singh	Full Time
4	Dr. Jay Prakash	Part Time (Internal)
5	Dr. Pushpanjali Ojha	Part Time (Internal)
6	Dr. Aftab Adil	Part Time (External)
7	Dr. Sanjeev Kumar	Part Time (External)
8	Shanu Kumar	Part Time (External)
9	Ms. Litna George	Part Time (Internal)
10	Dr. Tanya Khaitan	Full Time

उपरोक्त सभी आवेदको को सूचित किया जाता हैं की आप सभी का नामांकन दिनांक 06/01/2023 को इस प्रोग्राम/कोर्स के अंतर्गत होना हैं ।

नामांकन हेतु पी०एच०डी० आवेदको के लिए महत्वपूर्ण निदेश :--

- आवेदको को प्रवेश परीक्षा के एडिमट कार्ड / प्रवेश परीक्षा से छूट संबंधी कागजात की छाया प्रति जमा करनी होगी।
- 2. आवेदको को प्रपन्न Admission form एवं Annexure- I (छाया प्रति संलग्न) की दो प्रति एवं सात कॉपी Synopsis के साथ अपना एवं Supervisor का हस्तक्षार के उपरान्त Dean Research Office में जमा करेगें।
- 3. आवेदको को Pre-Ph.D Registration Certificate की छाया प्रति जमा करनी होगी, जो Dean Research Office से प्राप्त कर सकते हैं।
- 4. नामांकन के समय एक शपथ पत्र जमा करना होगा जो कार्यालय द्वारा उपलब्ध करया जाएगा।
- 5. जिन आवेदको पर एन०ओ०सी० लागू हैं उन्हें एन०ओ०सी० जमा करना होगा।
- 6. सभी शुल्क निदेशक,रिम्स,रॉची (DIRECTOR, RIMS, RANCHI) के एच०डी०एफ०सी० बैंक Plot No 513, Sehar Height,Bariatu Road, Ranchi-834009 के खाता स0—50200047672661, IFSC HDFC0002728 में NEFT/ RTGS के माध्यम से जमा करना होगा एवं शुल्क की रसीद नामांकन के दिन कार्यालय में जमा करनी होगी।
- 7. जमा की गई शुल्क किसी भी स्थिती में वापस नहीं होगी।
- कोर्स वर्क दिनांक— 09/01/2023 से आरम्भ होगा।

राजेन्द्र आयुर्विज्ञान संस्थान

(झारखण्ड सरकार का एक स्वयतशासी संस्थान) राँची–834009(झारखण्ड)

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Fees Structure

(A) Fee structure for full time candidate

SI. No.	Item	Fee
	PhD registration fee	Rs. 5000/- for General & OBC candidates/Rs. 3000/- for
		SC/ST candidate.
	PhD Annual Fee	Rs. 2000/- per year
	Course work fee	Rs. 5000/-
	Thesis submission fee	Rs. 7000/-

Fee structure for part time candidates (both internal and external) :-

SI.No	Item	
1	PhD registration	Rs. 5000/- for General & OBC candidates/Rs. 3000/- for
	free	SC/ST candidates.
2	PhD Annual Fee	Rs. 1,20,000/- per year (To be paid in two installments
		of 60000/-)
3	Course work fee	Rs. 5000/-
4	Thesis submission	Rs. 7000/-
	fee	

ह0 / – डीन रिर्सच –सह– अध्यक्ष पी०एच०डी० समन्वय समिति रिम्स, राँची

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प्रतिलिपि :- 1. निदेशक, रिम्स, राँची को सूचनार्थ प्रेषत।

परीक्षा, नियंत्रक, राँची विश्वविद्यालय / रिजस्ट्रार, राँची विश्वविद्यालय को सूचनार्थ प्रेषित।

3. लेखापदाधिकरी / लेखापाल / रोकडपाल रिम्स राँची को सूचनार्थ एवं आवश्यक कार्यवाई हेतु प्रषित।

4. डॉंंंंंंंंंंं एसंंवींंं सिंह वेबसाइट इंचार्ज को सूचनार्थ एवं आवश्यक कार्यवाई हेतु प्रेषित ।

5. कार्यालय सूचना पट के माध्यम से संबंधित पी०एच०डी० आवेदको को सूचनार्थ एवं आवश्यक कारवाई हेतु प्रेषित।

6.कार्यालय सूचना पट ्के माध्यम से संबंधित पी०एच०डी० आवेदको को सूचनार्थ एवं अविश्यक कार्यवाई हेतु

डीन रिर्सच –सह– अध्यक्ष पी०एच०डी० समन्वय समिति रिम्स, राँची

Dean (Research)
Rajendra Institute of
Medical Sciences
Ranchi

राजेन्द्र आयुर्विज्ञान संस्थान (झारखण्ड सरकार का एक स्वयतशासी संस्थान)

(झारखण्ड सरकार का एक स्वयंत्रशासा संस्थान) राँची—834009(झारखण्ड) दुरभाषः 0651—2541533, फैक्सः 0651—2540629, E-mail: deanresearchrimsranchi@gmail.com



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AFFIDAVIT/ शपथ पत्र

^{में} ,, पुत्र / पुत्री—, पता—_	
गीन कोड, राज्य, पी०एच०डी० अभ्यार्थी Full Time/Part Time(E	
, Topic Departmen	nt,
देनांक— को रिम्स, राँची में पीoएचoडीo कोर्स / हा / रही हूँ।	प्रोग्राम के अन्तर्गत नामांकन ले
ों यह घोषणा करता / करती हूँ पी०एच०डी० कोर्स / प्रोग्राम करने हेत् Synopsis सहित) में मेरे द्वारा दी गई सभी जानकारी सत्य एवं स त्र सही हैं। यदि वर्त्तमान या भविष्य में इस संबंध में कोई गलती पा होर्स / प्रोग्राम का Registration/ Admission समाप्त कर दिया	ही हैं तथा जमा किए गए सभी प्रमाण ायी जाती हैं तो मेरे पी0एच0डी0
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	आधार कार्ड सं0—

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RAJENDRA INSTITUTE OF MEDICAL SCIENCE, RANCHI RANCHI UNIVERSITY, RANCHI



Admission From in Ph.D Course, RIMS, Ranchi

1.	Na	me:	
2.	D.	O.B :	
3.	Fa	ther's Name :	
4.	Se	ssion :	
5.	En	trance Exam Roll No. :	
6.	Ex	empted from Entrance Exam :	
7.	Sy	nopsis's Topic Approved by D.R.C Held On	
8.	То	pic	
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q		pervisor :	
		- Supervisor :	
10.	CU	- Supervisor .	
11.	Fu	Il time/Part time(External/ Internal):	
		rmanent Address	
13.	Co	rrespondence	
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	M	ob No Email ID	
	Do	cuments List	
	1.	Admit Card PhD Entrance Exam / Document Regarding Exempted from	Entrance
		Exam(Photo Copy)	
	2.	Affidavit –As per the format available in office.	
	3.	N.O.C (Photo Copy) {if applicable}	
	4.	DRC Approval Letter (Photo Copy)	
	5.	Annexure-I Two Set with Seven Copies of Synopsis	
		Signature of Cadidate	Dean Research
		Candidate left hand thump Impression	RIMS, Ranchi
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Rajendra Institute of Medical Sciences, Ranchi. (Ranchi University, Ranchi.)

Application Form for Registration in Ph.D Program, RIMS, Ranchi.

Please affix a passport Size recent photograph duly attested by concerned Supervisor

	Main Discipline
•	Allied Subject
Full time/Part time(Internal)/Part time(External)	
Area of Specialization	
Title of the proposed research work	
About the candidate (To be filled by the candidate)	
1. Name	
2. Gender	
3. Date of Birth	_
5. Whether differently abled: (Attach self attested relevant	document)
6. Whether related to the Supervisor Blood relation	(Yes/No)
7. Whether belonging of Scheduled Cast / Scheduled Tribe (issued by complaint authority of Jharkhand Government) 8. Father's Name	
9. Address for correspondencee.mail id :_	
10.Permanent Address	

11 Academic record

(Academic record

(Academic record)

Under- graduate	Division/ Class	Subject	Year of completion	% of marks secured	College/University
Post- graduate					
Other	,				

Other									
12.Specialization at the Master's level									
13 Previous Research work done as evidenced by publications if any (A)									
14. Whether any application for research work was submitted previously to this university or any other university. If so with what result?									
15.Details of Teaching Experience:-									
Post-GraduateYears									
P.G Department/College/University:									
Undergraduate:Years;									
College/University									
16. Number and year of registration of Ranchi university, Ranchi :-									
17. Are you employed? if yes, give details of your employment mentioning the nature of job, designation, etc(attach no objection certificate from a person of organization who is authorized to do so)									
18. Have you qualified for NET, JRF, GATE, etc.? if so, give details. (Attach Self attested photocopy of result of the exam. qualified)									

19. Are you recipient of any financial assistance in the form of scholarship / Stipend, etc.? if so,

(Attach Self attested relevant documents)

AGOUT THE SUPERVISOR (To be filled by Supervisor)

20.Name									
Telephone		Mobile	Email						
				,					
23. Department									
			Tota	l Years					
25. Academic Re				10013					
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Degree (Starting from U.G)	Division/Class	Subjects	Year of Completion	% of Marks Secured	College/University				
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Title of the Ph.D	thesis								
Title of the MD/I	MS thesis		,						
26. Research ex	perience	years	Place of work	,					
Research publicat	lons								
(Attach reprints o	f best five recent pu	iblications)							
(c) Proceedings of	reed Indexed Journa (Foreign) refereed I of the National and I s well as Reference	ndexed Journalsnternational Confe	erences						
	D Students already				•				
	Co	-guide							
28.Number of Ph.	D students currently	/ enrolled							

TO Tilled by Co - Supervisor (Optional)

29 Name				Christian and Carlotte and Carl				
30.Address of Co	orrespondence							
Telephone		Mobile			Email			
31.Designation_					_		Annaly in Egyption and Commission an	
32.Department_			·					
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Specialization at t	he PG/Master's le	vel				-		
Specialization at t	he Doctorate level							
35. Research exp	erience	years	Pla	ce of work			-	
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Page 05 cf 64

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Whether Statement of the problem (Synopsis) on which he/she proposes to work has been enclosed. The synopsis must contain the sections such as: State-of-the-art; Problem to be investigated; Objective of the investigation and motivation; Hypothesis; Research design and methodology; Tools to be used in the collection of data; Significance of the study; its relevance to the present day problem and need of the society, Contribution to the existing Knowledge; Future Work; Related references; etc.(Attach six copies of synopsis)

38. Availability of the infrastructure and facilities at the proposed place of work in relation to the proposed synopsis. Give details.

39. Whether any collaboration in the form of library, laboratories, etc. is required from another Institution. If so, give details including the 'Certificate' from the authorized person of the Institute/Head of the Department /University allowing the candidate to use the facilities.

40. Name at least SIX eminent persons in the area of proposed research work in India and abroad to whom the proposed synopsis may be referred for opinion.

41. DECLARATION BY THE CANDIDATE:-

I hereby declare the particulars furnish by me are correct. I am aware that any incorrect information may lead to cancellation of my registration I promise to abide by rules and regulation of RIMS/Ranchi University.

Date:		

Signature of the candidate

42. CONSENT OF THE SUPERVISOR:

I hereby give my consent to supervise the candidate on the proposed synopsis leading to Ph.D Degree of Ranchi University. I further certify that the synopsis referred above, to the best of my knowledge and information, has not been published and submitted elsewhere for the award of any diploma or degree. I also declare that the candidate is not having any blood relation with me.

Date:		
Place:-		

Signature of the Supervisor

PRO JESSING OF THE APPLICATION 43. Forwarding note of the Departmental Research Council, RIMS, Ranchi. 44 Forwarding note of the Head of the Institution. 45. Forwarding note of the Dean Faculty of Medicine. 46. Forwarding note of the Research Development Board. 47. Recommendation of the University Research Council. NOTE: The admission in the research programme of the University is Subject to the Provisions of the Regulations for Ph.D of RIMS, Ranchi/Ranchi University, Ranchi and the guidelines issue by RIMS, Ranchi/Ranchi University, Ranchi from time to time in conformity with its Act, Statutes and Regulations.

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