



KERALA UNIVERSITY OF HEALTH SCIENCES

**Application for M. Phil Sports Medicine Ayurveda (Part time course)
under School of Fundamental Research in Ayurveda, Trippunithura**

1. Name of the applicant:			
2. Age:		3. Date of Birth: DD/MM/YYYY	
4. Gender (Tick whichever is applicable)	Male	Female	TG
5. Community	General	SC	ST
6. Are you working in any of the Institutions affiliated to KUHS	Yes	No	If yes, enter FEP ID-
7. Address	Present Official Address	Residential Address	
	PIN	PIN	
8. Phone no with STD Code		Mobile No:	
9. Email id:			

10. Educational Qualifications	Year of passing	College / Institutions	University
Degree			
PG Diploma			
PG Degree			
Others			

11. Are you a service candidate [Yes/No]	
12.If yes whether NOC from Controlling Officer is submitted [Yes/No] * NOC is mandatory at the time of admission	

Professional and Job details for service candidates

13. Designation	College / Institution	Date of joining	Date of relieving

Professional and Job details for non-service candidates

14. Designation	Institution	Years of experience

15. Fellowships and Other Achievements (Yes/No) :

If yes, please give brief details of research experience and list your publications (if any):

Research Experience	Involvement in research projects (Please specify your status as Principal investigator/investigator / co- investigator) Presentations in state/ national/zonal conferences
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Publications(Latest only)	1. 2 3 4 5.
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16.Details of remittance <ul style="list-style-type: none">• Fee Amount₹• Bank Name• Remittance Details• Date of Remittance	
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Declaration

I agree to abide by the rules and regulations of the M.Phil. Course laid out by the University from time to time.

Name of the Applicant