



Application No.:

APPLICATION FOR ADMISSION TO M.Phil DEGREE PROGRAM 2020-21

M.Phil Health Professions Education

M.Phil Yoga Therapy

Affix
Passport Size
Color Photo1. Name of the Applicant :
[in Capital Letters]2. Gender : Male Female Third Gender

3. Date of Birth(DD-MM-YYYY) : Age:

4. Community : SC ST MBC BC OBC C

5. Nationality :

6. Religion :

7. Name of Father / Husband :

8. Address for Communication :

Residential Address	Office/Institution Address
Phone/Mobile No. Email:	Phone/Mobile No. Email:

9. Academic Qualification :

Academic Qualification (UG to PG)	Name of the School/College	Board / University	Month & Year of Passing & Reg. No.	Subject	% of Marks	Class / Rank

10. Previous research / dissertation topic in
case of M.Sc / MD / MS / MDS Candidate :

11. Mention the Specific Area of Research Interest:

12. Preference of the Guide As per the Eligible Guide List of SBV:

Sl.No.	Name of the Guide	Department	Institute
1			
2			

13. The subject in which the candidate has qualified for the master Degree:

14. The above master's Degree was awarded by :
(Faculty of Science / Faculty of Engineering /
Faculty of Management, Faculty of Medicine,
Faculty of Allied Health Sciences,
Faculty of Dentistry, Faculty of Nursing, etc.,)

15. Proposed Discipline in which the Candidate :
intends to work for M.Phil.

16. Proposed Centre (with address) :
where the candidate intends to do M.Phil.

17. The Theme of proposed research : Attach as enclosure
(in not more than 500 words)

18. Whether the proposed M.Phil Theme is partly, :
Directly or indirectly related to branch of
Knowledge in which the candidate has qualified
for his Master's Degree?

19. Details of Publications, pertaining to the topic. :
If yes, furnish the details

20. Details of Demand Draft

DD. No:

DD Date:

Bank Name:

21. I state that I had fully gone through the M.Phil regulations of SBV, Uploaded in SBV website for the academic year 2020-21.

Signature of the Applicant

Station :

Date :