



**NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH
(NISER BHUBANESWAR)**

(An autonomous institution under Dept. of Atomic Energy, Govt. of India)

ADMISSION FORM (Ph.D / Int. Ph.D Programme)

Tick (✓) the relevant box wherever provided / Write in **BLOCK LETTERS**

AFFIX RECENT
SELF-ATTESTED
COLOUR
PHOTOGRAPH

FOR OFFICE USE

ROLL No. (to be filled by NISER) ▶																Month & Year of Admission <input type="checkbox"/> JULY / <input type="checkbox"/> JANUARY of 20 _ _
APPLICATION No. (to be filled by NISER) ▶																SOURCE OF FELLOWSHIP ▶
HBNI ENROLMENT No. (to be filled by NISER) ▶																

PERSONAL INFORMATION	Category (Tick whichever is applicable)	<input type="checkbox"/> General	<input type="checkbox"/> OBC	<input type="checkbox"/> SC	<input type="checkbox"/> ST						
	Name of School	SCHOOL OF									
	Name (in CAPITAL)	<i>(In English)</i>									
		<i>(In Hindi)</i>									
	Gender & D.O.B	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth (dd-mm-yyyy)	d	d	m	m	y	y	y	y
	Belonging to MINORITY?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
	Father's Full Name										
	Mother's Full Name										
	Nationality										
	Address for Correspondence										
		PIN:		Tel No. with STD code:							
		Email:		Mobile No.:							
	Permanent Address										
		PIN:		Tel No. with STD code:							
		Email:		Mobile No.:							
Contact Person (In case of emergency)	Name:		Mobile No.:								
	Address:		Tel No. with STD code:								
Health Insurance (Select ONE)	<input type="checkbox"/> CHSS ▶ NISER-CHSS application (Form-1) must be submitted <input type="checkbox"/> Private Insurance ▶ Supporting evidence must be submitted <input type="checkbox"/> Guardian's Insurance ▶ Parental declaration must be submitted (Form-2)										

Educational Qualification (Starting with Graduation Degree): attach self-certified photo copies of all mark sheets & certificates.

ACADEMIC RECORD	Examination	College / Institute	Board / University	Year of Passing	% Marks/CGPA	Rank in Class/University
	+3 / Equivalent					
	MSc / Equivalent					
	Any other					
	Qualifying Exam(s)	Like CSIR-UGC-NET/GATE/JEST/GPAT/DBT/ICMR/JGEEBILS				

Certified that I am not enrolled in any other Programme of any University. The above information furnished by me is true and correct. If any information is found to be incorrect or false, I understand that my admission shall be liable to be summarily terminated without notice.

Date: __ / __ /20 __
Place: NISER, Bhubaneswar

Full Signature of the Student

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Certified that the entries made by the student have been verified from the documents submitted. He/She is eligible for admission to the programme mentioned below as per the relevant orders of HBNI.

The said student is recommended for admission in **PhD** / **Integrated PhD** Programme.

APO (Academic)

Date: __ / __ /20 __

Dean/FIC (Academic Affairs)

Date: __ / __ /20 __

Institute Seal

DECLARATION BY THE STUDENT REGARDING MEDICAL CONDITIONS

1. Do you have any minor or major complaint about your health? Yes No
2. Are you on any medication? If yes, what? Yes No

3. Do you have any allergies? If yes, describe. Yes No

4. Have you had any major illness/surgery? Yes No
5. Do you have any problem with your eye-sight/hearing? Yes No
6. Have you ever had epilepsy, fits or convulsions? Yes No
7. Have you ever been treated for neurological or mental illness? Yes No

The above information furnished by me is true and correct. If any information is found to be incorrect or false, I understand that my admission shall be liable to be summarily terminated without notice. I have also submitted the Medical Examination Report issued by a Registered Medical Practitioner in the prescribed format (Form-3).

Full Signature of the Student



NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH BHUBANESWAR
(An autonomous Institution under Department of Atomic Energy, Govt. of India)

UNDERTAKING

*Affix
Recent
Self-Attested
Colour
Photograph*

I, Ms/Mr. _____ do solemnly affirm that:

1. I am fulfilling all the eligibility criteria as prescribed by the institute for admission in the Ph.D programme in the School of _____.
2. I will abide by all rules and regulations of this Institute, as found in PG rules (<http://www.niser.ac.in/docs/2010/pgmanual2010.pdf>) including any amendment/modifications (<http://www.niser.ac.in/notices/2011/Amendments in PG rules.pdf>) made by the Institute in the rules and regulations from time to time.
3. I will not join any coercive agitation for the purpose of forcing the hands of the authority to solve any problem.
4. I will not participate in any activity which has a tendency to disturb the peace and the orderly life of the campus.
5. I will cooperate with the Institute's authorities in maintaining discipline and academic standard.
6. I am fully aware that possession and driving of any motorized vehicle in the Campus by students is strictly prohibited.
7. I am fully aware that the campus accommodation (in hostels or elsewhere in the campus) will be provided to me strictly for the duration of my academic programme only.
8. I am fully aware that smoking and alcohol consumption in the campus as well as in the hostel by the students is strictly prohibited.

Date: __ / __ / 20 __

Signature of student

INTENSIONALLY LEFT BLANK

Conditions for availing CHSS Medical Benefits from NISER through HWP Talcher

- CHSS is mandatory for every registered bona fide trainee/student of NISER unless he/she:
 - ❖ has an equivalent medical insurance cover[#].
 - ❖ is availing any health scheme as a dependent beneficiary[#].

In both the above cases individual must submit relevant documents/photocopy of health scheme along with the application form. If no such documents are received the student will be considered eligible for CHSS.

- All trainees/students must fill up the CHSS application form in the prescribed format and submit it to the Academic Section (as applicable) with **two recent passport size photographs** (name written behind) for verification and certification. After certification, the form will be forwarded for approval of the competent authority to issue the CHSS card.
- The beneficiary should also submit valid **ID proof** and **date of birth proof** with the application form.
- Individual giving false or misleading information will be liable to disciplinary action.
- CHSS card is a property of NISER and must be returned to NISER once the Trainee/Student completes the course/programme at NISER

Note: *If the CHSS card is damaged, new CHSS will be issued after the payment of ₹500.00 and if it is lost, the individual will have to lodge a FIR and submit FIR copy and have to pay ₹500.00.*

Checklist for submission of the complete CHSS application form:

1. Application form duly filled in all respects.
2. Recent Passport size photographs with name written at the back (02 nos.)
3. ID Proof copy, self-attested
4. Date of Birth proof copy, self-attested

All these documents to be put together with a paper-clip (not to be stapled) and submitted along with the registration documents.

In case of opting out of CHSS (strike out as appropriate):

1. I opt out of CHSS through HWP Talcher as I am covered by a medical insurance scheme*
OR
2. I opt out of CHSS through HWP Talcher as I am a dependent beneficiary of a health scheme[§]

**Supporting documents of the relevant scheme / [§]Parent's declaration to be furnished along with the application form.*

Date: __ / __ /20 __

Signature of the Applicant



National Institute of Science Education and Research Bhubaneswar
CHSS Application Form for Stipend Holder

Full Name			
Name of the School	SCHOOL OF		
Roll No (leave blank if not issued yet)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Fellowship/Stipend amount	₹		
Date of Joining NISER	___ / ___ /20 ___	Date of Birth	___ / ___ / ___
Address	<hr/> <hr/> <hr/> <p align="right">PIN: _____</p>		

Date: ___ / ___ /20 ___

Signature of the Applicant

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The information on details of the trainee/student/PDF has been verified and found correct.

Authorized Signatory of the Institute

No:

Date: ___ / ___ /20 ___

Registered under CHSS Number:

CHSS Number:

LCWO/APO

Copy to

1. Pay & Accounts Officer, HWP (I)
2. Finance/Accounts Officer, NISER
3. Personal File
4. Health Centre, NISER

Received CHSS Card.

Signature of the Trainee/Student

Declaration by the parent of NISER student covered as a dependent beneficiary of a parent's health scheme

I, Ms/Mr/Dr. _____
hereby declare that my daughter/son _____
who has been admitted to NISER as a(n) Integrated MSc/ Integrated PhD/ PhD student, is
covered as a dependent beneficiary of my _____
_____ Health Care scheme*.

I take full responsibility for all medical treatment she/he might require beyond the scope of the Health Centre at NISER campus during her/his tenure as a NISER student.

Place: _____

Name: _____

Date: __ / __ /20 __

Signature: 

* **Note:** Enclose proof of the scheme.

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NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH, BHUBANESWAR

Medical Examination Report

(To be issued by a Registered Medical Practitioner)

Name of the Candidate: _____

Name of Father/Guardian: _____

Date of Birth: ____ / ____ / ____ (dd/mm/yyyy)

Sex: Male Female Other

Clinical and Bio-chemical findings

1. General Examination:

Height (cm)		Weight (kg)		BMI (kg/m ²)	
Built		Pallor		Icterus	
Lymph node		Clubbing		Throat	
Tongue		Tonsil		Teeth	
Gums		Thyroid		JVP	

2. Cardio-vascular system:

Pulse		Peripheral pulse	
BP			
Heart sound		Murmurs	
Additional finding if any			

3. Respiratory system:

Shape of chest			
Chest movement			
Trachea			
Chest Measurement (cm)	Inspiration		Expiration
Breath Sound			
Adventitious Sounds			

4. Gastro-intestinal system:

Liver	
Spleen	
Any abdominal lump	
Hernia	

5. Examination of Eyes:

Squint		Nystagmus			
Colour Vision	Normal / Defective				
Distant Vision	Without Glasses	Right		Left	
	With Glasses	Right		Left	
Near Vision	Without Glasses	Right		Left	
	With Glasses	Right		Left	
Power of Glasses / Contact Lenses		Right		Left	

6. Examination of Ear & Nose:

External Examination	Normal	Auroscopy	Right		Left
Tuning fork tests	Rinne's Test		Weber's Test		
Conversational Hearing					
Nose					

7. Central Nervous system:

Higher Functions		Cranial Nerves		
Sensory System				
Motor Functions				
Tendon Reflexes				
Posture		Gait		Spine
Psychological Makeup				

8. Genito-Urinary System:

Hernia		Hydrocele / Varicocele	
Cryptorchidism		Phimosis	

9. For Female candidates:

Menstrual History			
LMP			
Menses	<input type="checkbox"/> Scanty	<input type="checkbox"/> Average	<input type="checkbox"/> Excess
Pain	<input type="checkbox"/> Before	<input type="checkbox"/> During	<input type="checkbox"/> After

10. Investigation:

Hb (g/dL)				TLC (10 ³ /cc)			
DC	N		L	E		M	B
Blood Group				Rh Factor			
Any special test, if required							

11. Additional comments (if any):

I certify that Mr/Ms _____ son/daughter of
Mr/Mrs _____ has been examined by me and I certify
the above observations.

Date: __ / __ /20 __

Official Seal

Signature of Medical Officer

Full Name: _____

Medical Regn. No: _____

ANNEXURE I
AFFIDAVIT BY THE STUDENT

I, _____ (*full name of the student with admission/registration/enrolment number*)

S/o D/o Mr./Mrs./Ms _____, having been admitted to _____ (*name of the institution*), have received a copy of

the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 (hereinafter called the "Regulation") carefully read and fully understood the provisions contained in the said Regulations.

2) I, have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this ____ day of _____ month of _____ year.

Signature of the deponent

Name:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) on this the (day) of (month) , (year)

Signature of the deponent

Solemnly affirmed and signed in my presence on this the (day) of (month) , (year) after reading the contents of this affidavit.

OATH COMMISSIONER/NOTARY

ANNEXURE II
AFFIDAVIT BY PARENT/GUARDIAN

I, Mr. Mrs./Ms. _____ (full name of the parent/guardian) father /mother/guardian of _____, _____ (full name of the student with admission/registration/enrolment number) _____, having been admitted to _____ (name of the Institution) _____, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2) I, have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission of my ward is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of the deponent

Name:

Address:

Telephone/Mobile No:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) on this the (day) of (month), (year)

Signature of the deponent

Solemnly affirmed and signed in my presence on this the (day) of (month), (year) after reading the contents of this affidavit.

OATH COMMISSIONER/NOTARY