CCRAS Emp.

केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद् ENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCE

Format for submission of Information for seeking approval to pursue Ph.D course for CCRAS Officers

| Permission sought for | |
|----------------------------------------------|--|
| i. Appearing Entrance | |
| ii .Pursuing Course Work | |
| iii Pursuing Ph.D Research Work | |
| Note: Strike out whichever is not applicable | |

| SI. No. | Particular | Details |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1. | Name of the Candidate | |
| 2. | Designation | resulted and the |
| 3. | Present Place of Posting in CCRAS | tveda Pada adder |
| 4. | Date of Induction into service | Protesta Protesta |
| 5. | Specialization in MD / MS (Ayurveda)/M.Sc./ M. Pharm./MV Sc. etc. | |
| 6. | Title of the Thesis in MD / MS (Ayurveda)/ M.Sc./M. Pharm./MV Sc. etc. | 11 kg |
| 7. | Details of University applying for Entrance Exam for Ph.D (willing to apply for entrance exam recognized by UGCs along with notification/ Advertisement and Completely filled Application form forwarded by Head of Institute must be enclosed | Enclosed Yes/No |
| 8. | Whether Applying for pursuing Ph.D as full time course/ Part time/Distance (education) Course | |
| 9. | Details of Results of passing of Entrance Exam along with proof | If already obtained please enclosed the same. |
| 10. | Request made for continuing the Course Work (with undertaking) | If already obtained please enclosed the same. |
| 11. | Details of permission obtained from the Council for pursuing the Course Work | If already obtained please enclosed the same. |
| 12. | Details of passing Certificate of Course Work issued by University | Enclosed Yes/No |
| 13. | Proposed Place of conducting the Course for Ph.D recognized by University (as per applicability or whether taking permission to work in the Council's Institute) | |
| | | |

| | whether taking permission to work in the Council' Institute) | 's |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 14. | Title of work (as per applicability) | |
| 15. | Name of the Guide (as per applicability) | |
| 16. | Synopsis | |
| 17. | Enfollment number issued by University (as per applicability) | Copy to be enclosed |
| 18. | Details of No Objection Certificate (NOC) issued by Council or Applied for obtaining any of the following: A. NOC for Applying Entrance Exam (As per Applicability) | Of Janua Jareniff |
| | Applicability) B. NOC for pursuing the Course Work (As per Applicability) | recording to the authority of the second |
| | C. NOC for pursuing Ph.D Research (As per Applicability) | |
| 19. | Undertaking submitted by the candidate as per the Council format for above purpose. | Enclosed Yes/No |

| DATE: | | The second secon |
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| PLACE: | | |
| | SIG | NATURE OF THE CANDIDATE |
| | | TOP IN LIGHTNESS LESS LAND |

Observations of Establishment Section on Eligibility as per Service Rules

केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद् ELNTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

Format for submission of undertaking by the CCRAS Employees pursuing Ph.D Course (part time/distant education)

I do hereby inform that I am intended to pursue the Ph.D. course or applying entrance exam/pursuing course work/pursuing Ph.D research work which is recognized by UGC and undertake to abide the following terms and conditions and request for issuing NOC for this purpose:

- 1. This will not hamper my routine/regular official assignments by the
- 2. I will not claim for any special study leave and I will claim my own leave to complete my assignment, course work, thesis and examination.
- 3. I will not claim for any special advantage/preference related to service matter during this period regarding my pursuance of Ph.D.
- 4. Any other issue mentioned in NOC issued by the council.

DATE:

PLACE:

Name and Signature of the Candidate Designation Place of posting with complete address Contact details Telephone /email etc.