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SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH



A Deemed to be University

Declared under section 3 of UGC Act. 1956,
TAMAKA, KOLAR - 563 103, KARNATAKA, INDIA

Phone : 08152-243009, 243003, 243244 Fax No. 08152-243008

e-mail : office@sduu.ac.in website : www.sduu.ac.in

No. SDUAHER /KLR/ADMN/598 /2018-19

Date: 25-05 -2018

OFFICE- NOTIFICATION

Applications are invited from eligible candidates in prescribed format for the following courses for the academic year 2018-19.

I. FACULTY OF MEDICINE

| Sl. No. | Name of the Course | Subjects | Eligibility |
|---------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Doctor of Philosophy (Ph.D.) | Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Clinical Subjects (Medicine, OBG, Surgery, Ophthalmology, Radio-Diagnosis) Inter-disciplinary Subjects (Nursing) | Master of science in related discipline from faculty of Medicine with 55% in aggregate from a recognized University on regular basis |
| 2. | Fellowship Program | Head and Neck Surgical Oncology Oral Oncology | MS ENT MDS |

II. FACULTY OF ALLIED HEALTH SCIENCES

| Sl. No. | Name of the Course | Subjects | eligibility |
|---------|------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Master of Science(M.Sc.) | (a) Molecular Biology and Human Genetics. | B.Sc. in life science/biological science / B.Sc. MLT from recognized institution on regular basis |
| | | (b) Medical Laboratory Technology | B.Sc. in Medical Laboratory Technology from recognized institution on regular basis |
| | | (c) Master of Public Health | MBBS/MD/MS/MDS/ BHS/BAMS/BDS/BSc in Allied Health sciences and Nursing |
| | | (d) Library and Information Science | Any recognized University Degree of 3year duration. |
| 2. | Doctor of Philosophy (Ph.D.) | Cytogenetics and Molecular Genetics. | Master of science from any branch of life science/biological science with 55% in aggregate from a recognized University on regular basis |

III. FACULTY OF MEDICINE

| Sl. No. | Name of the Course | Subjects | Tuition Fee |
|---------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 1. | Doctor of Philosophy (Ph.D.) | Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Clinical Subjects (Medicine, OBG, Surgery, Ophthalmology, Radio-Diagnosis) Inter-disciplinary Subject (Nursing) | In service Rs. 50,000 External Rs. 1,00,000 |
| 2. | Fellowship Programme | Head and Neck Surgical Oncology | In service Rs. 1,00,000 External Rs. 2,00,000 |

IV. FACULTY OF ALLIED HEALTH SCIENCES

| Sl. No. | Name of the Course | Subjects | Tuition Fee/year |
|---------|------------------------------|-------------------------------------------|------------------------------------------------|
| 1. | Master of Science(M.Sc.) in | (a) Molecular Biology and Human Genetics. | Rs. 50,000 |
| | | (b) Medical Laboratory Technology | Rs. 50,000 |
| | | (c) Master of Public Health | Rs. 50,000 |
| | | (d) Library and Information Science | Rs. 50,000 |
| 2. | Doctor of Philosophy (Ph.D.) | Cytogenetics and Molecular Genetics. | In service Rs. 50,000 External Rs. 1,00,000 |

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e-mail : office@sduu.ac.in website : www.sduu.ac.in

CALENDAR OF EVENTS

| | | |
|----------------------------------------------------------------|----------|---------------------------|
| Issue of application forms | : | 01-06-2018 |
| Last date for receipt of filled application forms | : | 30-06-2018 |
| Date of Entrance Examination (M.Sc/MPH/M.Phil/Ph.D) | : | 18-07-2018 |
| Commencement of the Course | : | 01-08-2018 onwards |

Note: The application form, eligibility, fee structure and general instructions are available on the University website www.sduu.ac.in

**Sd/-
Registrar**

SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH

COMPRISING SRI DEVARAJ URS MEDICAL COLLEGE

A DEEMED TO BE UNIVERSITY

Declared under Section 3 of UGC Act, 1956, MHRD GOI No.F.9-36/2006-U.3(A) Dt. 25th May 2007

TAMAKA, KOLAR-563 103, KARNATAKA, INDIA

Ph: 08152-243244, 210604,210605 E-mail: registrar@sduu.ac.in / office@sduu.ac.in, website: www.sduu.ac.in



APPLICATION FOR ADMISSION

PHOTO

To Ph.D. COURSES/ FELLOWSHIP

(Name of the Course) _____

(Academic Year 2018-19)

| | | |
|----|--------------------------------------------------------------------------|--|
| 1 | Name in full (in capital letters) | |
| 2 | Father's Name | |
| 3 | Mother's Name | |
| 4 | Aadhar Card Number | |
| 5 | Sex | |
| 6 | Caste General/SC/ST/OBC/ (Specify and enclose certificate) | |
| 7 | Whether Differentially abled or not | |
| 8 | Nationality | |
| 9 | Date of Birth (As mentioned in 10 th Standard certificate) | |
| 10 | Permanent address in full (telephone number and E-mail: ID if any) | |
| 11 | Address for communication (telephone number and E-mail ID if any) | |
| 12 | Details about a. Post graduate degree | |

| Sl. No. | Degree | Name of the college/university | Year of passing | Subject studied | Division/grade |
|----------------|--------------------------------------------------------------------------|------------------------------------------|------------------------|------------------------|-----------------------|
| | | | | | |
| 13 | Have you qualified in any of UGC-NET / UGC-CSIR NET SLET/GATE | (Specify and enclose certificate) | | | |
| 14 | Are you an employee of this Institute? If so, furnish the details | | | | |
| 15 | Whether all documents listed in annexure are enclosed or not | | | | |

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect my candidature for admitted Ph.D. COURSE/ FELLOWSHIP is liable to be cancelled by The Academy.

Date:

Signature of the candidate

Place:

Annexure

List of documents to be enclosed along with the application form:

1. Post Graduate Degree marks card
2. Post Graduate Degree Certificate
3. No Objection Certificate from
 - a) Head of the department and the institute where he/she is employed
4. Photograph of the candidate
5. UGC-NET / UGC-CSIR NET SLET/GATE certificate
6. Application fee of Rs.1,500/- (Ph.D./ Fellowship course) in the form of DD drawn in favor of The Registrar, Sri Devaraj Urs Academy of Higher Education and Research Payable at Kolar

Note: Attach only Photo copies of Marks card, Degree certificates or of any other Documents. Produce the originals at the time of interview. Applicants for Ph.D. inform to attach both UG and PG certificates.

**Terms and conditions to be complied by candidates apply for the
Ph.D programme**

1. To strictly adhere to the Rules and Regulations of Ph.D. Program of The Academy.
2. To adhere to all terms and conditions which will be stipulated from time to time
3. To make payment of the prescribed fee as per the norms of The Academy within the stipulated period if not, the admission will be cancelled. The fees structure is as given below.

**Fee structure for the Ph.D. Programme under Faculty of Medicine/Allied Health
Sciences**

| SL No | Particulars | Other than SDUAHER Employees (Rs.) | SDUAHER Permanent Employees (Rs.) |
|--------------|---------------------------------------|-------------------------------------------|------------------------------------------|
| 1 | Registration fee | 5,000-00 (one time payment) | 2,500-00 (one time payment) |
| 2 | Tuition fee | 70000-00 (every year) | 35,000-00 (every year) |
| 3 | Examination fee (incl. Pre-Ph.D exam) | 10,000-00 | 5,000-00 |
| 4 | College fee | 10,000-00 (every year) | 5,000-00 (every year) |
| 5 | Admission fee | 2,500-00 (one time payment) | 2,500-00 (one time payment) |
| 6i | Eligibility | 2,500-00 (one time payment) | Not applicable |
| | GRAND TOTAL | Rs.1,00,000-00 | Rs.50,000-00 |

4. To bear all expenses by themselves towards conduct of the study for research work. Only the available physical infrastructure and Library facility of The Academy could be used for the research work.
5. Not to register for any other academic programme of Indian / Foreign University during the period of Ph.D. programme (An undertaking has to be given).
6. To attend all the seminars and orientation programmes to be conducted by The Academy / Departments.
7. All the internal candidates (those working in SDUAHER) are required to give an undertaking that they will serve the SDUAHER for a minimum period of 5 years after the completion of their Ph.D.

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APPLICATION FOR ADMISSION

PHOTO

To M.Sc/MPH/MPT/ M.Li Sc /Integrated Ph.D

(Name of the Course) _____

(Academic Year 2018-19)

| | | |
|----|-------------------------------------------------------------------------------------------------------|--|
| 1 | Name of the candidate (in Block letters) | |
| 2 | Father's Name | |
| 3 | Mother's Name | |
| 4 | Aadhar Card Number | |
| 5 | Sex | |
| 6 | Caste General/SC/ST/OBC/ (Specify and enclose certificate) | |
| 7 | Whether Differentially abled or not | |
| 8 | Nationality | |
| 9 | Age & Date of Birth (SSLC/Matriculation Certificate to be produced) | |
| 10 | a)Home Town / Village b)Taluk c)District d)State e)Country | |
| 11 | Address for communication : Telephone No. Residence: Office : Mobile : Email ID : | |
| 12 | Occupation of Parent / Guardian with annual income. | |

| | | | | |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|-----------------------|
| 12 | Academic qualification: Graduate or equivalent Marks obtained in: | Subjects | Maximum Marks | Marks Obtained |
| | Subjects | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Total | | |
| Aggregate Percentage | | | | |
| 13 | Previous Institution attended Graduate | | | |
| | <p>The following Original Certificate to be enclosed:</p> <p>a) SSLC Marks Card</p> <p>b) Pass certificate of 10 + 2 Exam/PUC</p> <p>c) Graduate Marks card</p> <p>d) Transfer Certificate</p> <p>e) Migration Certificate</p> <p>f) Caste / Income Certificate</p> <p>g) Date of Birth Certificate</p> <p>h) Passport & Stamp Size Photos 4 + 4=8</p> | | | |
| 14 | Extra Curricular activities (Separate sheet to be enclosed, if needed be) | | | |
| 15 | Details of School / College attended from Primary to highest Examination passed. | | | |

DECLARATION BY THE CANDIDATE

I wish to apply for admission to Post graduate degree _____ under Faculty of Allied Health Sciences, Sri Devaraj Urs Academy of Higher Education and Research, Tamaka, Kolar and declare that I have filled this form myself and to the best of my knowledge and belief, the particulars are true.

I have gone through the instructions for admission carefully and undertake to abide by all the conditions. I further agree, if admitted I will conform to the rules and regulations at present in force or that may hereafter be made by The Academy. I undertake that so long as I am student of The Academy, I will do nothing unworthy of a student of The Academy either inside or outside. I will not engineer or participate or do anything that will interfere with orderly working and discipline. I am aware that The Academy has full authority to expel me for indiscipline, misbehavior and any such activities, which are detrimental to the fair name of The Academy.

In case of my withdrawal or dropout from the institution in the middle of the course, I will pay the tuition fee and other fees for the remaining period of the course and take relief.

I will strictly abide by the rules of The Academy.

Place:

Date :

Signature of the Candidate

DECLARATION OF THE PARENT / GUARDIAN

I hereby declare that I know the financial obligation and I can afford to pay the costs and undertake to pay the tuition and other fees of my ward Sri / Kumari _____ payable to The Academy under rules framed from time to time by The Academy of the college. I also declare that I will not question the disciplinary action taken against my ward for any indiscipline or such actions which are against the interest of The Academy. My ward will adhere to all the rules prescribed by The Academy.

Place:

Date:

Signature of Parent / Guardian

FOR OFFICE USE ONLY

The applicant has been given provisional admission to
Class, for the academic year
His / her statement of marks and other documents relating to Income & Caste are verified and found correct.

Fee collected vide Receipt no..... Dated
Registration No.....

Cashier / Clerk

Chief Account

Manager (Academic)

Date:

Registrar
Sri Devaraj Urs Academy of Higher Education & Research

ENCLOSURES

1. SSLC / Equivalent Marks Card
2. Pass Certificates of 10 + 2 Examination
4. Under Graduate marks card of all semesters
5. Under Graduate degree certificate
6. Conduct / Character certificate issued by the college last studied
7. Date of birth certificate if not mentioned in the SSLC / Equivalent examination marks card.
8. Transfer Certificate
9. Migration Certificate
10. Caste / Income Certificate issued by the competent authority
11. Four Passport Size and Four Stamp size colour photos, of which one is to be affixed to the Application form in the space provided.
12. Application fee of Rs.1,500/- in the form of DD drawn in favor of The Registrar, Sri Devaraj Urs Academy of Higher Education and Research Payable at Kolar

INSTRUCTIONS TO THE CANDIDATES

The candidates desirous to seek admission for courses under Faculty of Allied Health Sciences are required to follow the following instructions:

1. Take a neat print out of the Application Form from the website www.sduu.ac.in
2. Fill up all the fields indicated in the application form compulsorily
3. Choice of course should be indicated clearly in the space provided
4. Affix your photograph in the space provided
5. Draw a Demand Draft in favour of The Registrar, SDUAHER, payable at Kolar for Rs. 1500/-. Attach the same with duly filled application form along with other documents and send it to The Registrar, SDUAHER, Tamaka, Kolar-563103 **on or before 30.06.2017 by 5.00 PM**
6. Duly filled application Form along with documents can also submit in person in the office of the Registrar
7. Please use A4 size envelope to send application from.
8. Superscribe the envelope as “ **Application for admission to courses under Faculty of Allied Health Sciences**”
9. Incomplete applications will be rejected and the decision in this regard by the university shall be binding and final.