



# AMALTAS UNIVERSITY

Amaltas City, Dewas - Ujjain State Highway,  
Gram-Bangar, District - Dewas- 455001  
Email id: phdcell.admin@amaltasuniversity.in  
[Website: Amaltas University.in](http://Website: Amaltas University.in)

## 1. APPLICATION FORM FOR ENTRANCE EXAMINATION: JANUARY 2025

The prescribed application form may be downloaded from [amaltasuniversity.in](http://amaltasuniversity.in) The duly filled in application form may be submitted along with **D.D./Online of Rs.15,00/-** drawn in favor of **Amaltas University, Dewas (M.P.)**

### **Instruction for Filling up of the Application Form:**

1. Incomplete application will be rejected.
2. Declaration from the Principal/CNO/MS of the organization (as applicable) where the candidate is working.
3. Application received after the last date application will be rejected.
4. Present place of work has to be duly filled in otherwise it will be considered as incomplete.
5. Anybody involving in Malpractices with respect to fake Certificates, fake Degree etc. will be disqualified and suitable action will be initiated.
6. Publication/Details received after last date will not be considered.
7. Option for centre of the Examination to be ticked.
8. Attested Photocopy of 10<sup>th</sup> Class certificate.
9. Attested Photocopy of M.Sc.(N) degree mark sheet.
10. Attested Photocopy of M.Sc.(N) degree certificate.
11. Attested Photocopy of M.Phil.(N) degree mark sheet.
12. Attested Photocopy of M.Phil.(N) degree certificate.

### **SCHEDULE**

| Sl. No. | Particulars  | Dates                                       |
|---------|--|---|
| 1       | Date of Notification   | 11 <sup>th</sup> Dec, 2024                  |
| 2       | Last date for downloading Application Form from University website                     | 31 <sup>st</sup> December, 2024             |
| 3       | Last Date of Receipt of Filled in Application Forms at the Ph. D. centre up to 4:00 pm | 31 <sup>st</sup> December, 2024             |
| 4       | Date & Time of Entrance Test<br>Venue: Amaltas University, Dewas                       | 07th January 2025<br>(11:00 am to 12:30 pm) |
| 5       | Declaration of Result (after 5:30 pm)  | 11 <sup>th</sup> January 2025               |
| 6       | Last Date of Admission for selected candidates   | 15 <sup>th</sup> January 2025               |
| 7       | Last date of admission for waitlisted candidates                                       | 31st January 2025                           |



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**Note: Procedure for registration as given in prospectus is applicable to the candidates who qualify the entrance examination**

**Instruction for Selected Candidates:**

1. Authentication from SNRC with regard to RN&RM Certificate.
2. Verification of Original Certificates & Documents by the Office of the Ph.D.
3. Transcript from the Principal of College of Nursing from where the applicant has qualified M.Sc. (N).
4. Migration Certificate

**Duly filled in application form has to be submitted to the Office of the Ph.D. on or before 31<sup>st</sup> December, by 4:00 p.m. to the following address:**

**Registrar,**

**Ph.D. Cell**

**Amaltas University, Dewas**

Amaltas City, Dewas - Ujjain State Highway,

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Registration No.

|  |  |  |  |  |  |  |  |
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## APPLICATION FORM for the Entrance Examination

Please fill in all the entries in CAPITAL LETTERS with BALL PEN only.

| For Office Use                   |  |
|----------------------------------|--|
| Date of Receiving of Application |  |
| Fee paid (Rs.)                   |  |
| Signature of Receiving Clerk     |  |

Affix latest  
passport size  
photograph duly  
attested  
  
DO NOT STAPLE

### 1. Personal Details

|  |  |  |  |                |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |
|--|--|--|--|----------------|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|
| Name (Use CAPITAL LETTERS only. Leave a blank box between First, Middle & Last Names)          |  |  |  |                |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |
|  |  |  |  |                |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |
| Date of Birth  |  |  |  | Age in years   |  |  |  | Mother's Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |
|  |  |  |  |                |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |
| DAY MONTH YEAR   |  |  |  | As on 31-12-24 |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |
| Father's Name (Use CAPITAL LETTERS only. Leave a blank box between First, Middle & Last Names) |  |  |  |                |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Nationality |  |  |  |
|  |  |  |  |                |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |

### 2. Details of Qualifying Examination

| S.No. | Examination        | Name of College & Place | Specialty | Board/ University | Year of Passing | Aggregate % | RN&RM No. |
|-------|--------------------|-------------------------|-----------|-------------------|-----------------|-------------|-----------|
| 1     | M.Sc.(N)           |                         |           |                   |                 |             |           |
| 2     | M.Phil. in Nursing |                         |           |                   |                 |             |           |

### 3. Details of Fee

| Draft No. | Date | Amount (Rs.) | Name of Bank |
|-----------|------|--------------|--------------|
|           |      |              |              |

4. Option for Exam mode      1. Online     2. Offline     5. NOC from head of the institution/HOD    1. Y  2. N

6. Applying under the reservation for the faculty working under State/Central Government:      1. Y  2. N

#### DECLARATION BY THE APPLICANT

I.....S/o or D/o ..... declare that all the statements given in this application form are true to the best of my knowledge. I understand that if any of the statements are found wrong, my admission will stand cancelled. If admitted, I will abide by the rules & regulations in force in RGUHS and National consortium for Ph.D. in Nursing and as amended from time to time and pay the prescribed fees.

### 7. Present Address of Work place (Mandatory)\*

### 8. Correspondence Address (where Hall Ticket has to be sent )

|                             |     |
|-----------------------------|-----|
| Name                        |     |
| Designation                 |     |
| Name of College of Nursing: |     |
| Address                     |     |
|                             |     |
|                             |     |
| State:                      | PIN |
|                             | PIN |

Phone No. with STD Code:

Mobile No.

E-mail

Signature of the Candidate

Date & place:

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**Note:-**

- Incomplete application form will be rejected. No Further correspondence in this regard will be entertained.
- Present place of work has to be duly filled in otherwise it will be considered as incomplete.
- All the enclosures should accompany with application form only.
- Venue for Entrance Examination on **07<sup>th</sup> , January, 2025:**

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- If there is any change in the Venue for Entrance Examination the same will be informed through website.