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**Officer In Charge**  
 Ph. D. Section  
 Dr. S.R. Rajasthan Ayurved University  
 Jodhpur



## Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur

### डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर

#### पी0-एच0 डी0/विद्यावारिधि में प्रवेश हेतु पंजीकरण पत्र Registration Form For Counselling To Ph.D/VIDYAVARIDHI

नोट:- अपूर्ण जानकारी/रिक्त कॉलम/अनिवार्य संलग्नक रहित पंजीयन प्रपत्र पुनः लौटा दिये जायेंगे अतः सभी कॉलम की विधिवत् पूर्ति करते हुए एवं अनिवार्य शुल्क/दस्तावेज संलग्न करते हुए फार्म विश्वविद्यालय को अग्रेषित करें।

Reg No.RAU/ACA/Ph.D(Ayurveda)/.....

रजि नम्बर न. (कार्यालय द्वारा आवेदन की जाँच पश्चात प्रदान किया जायेगा अतः कॉलम रिक्त छोड़ देवे)

- आवेदक का नाम श्री/श्रीमती/कु0 .....  
Applicant's Name (In CAPITAL Letters) Sri/Smt./Km. ....
- पिता का नाम/Father's Name .....
- माता का नाम/Mother's Name .....
- जन्मतिथि/Date of Birth तिथि/Date   माह/Month   वर्ष/Year
- राष्ट्रीयता/Nationality  यदि विदेशी नागरिक है, तो देश का नाम लिखें
- अपनी जाति वर्ग का उल्लेख करें (Indicate your caste caterogy)  
अनु0 जाति  अनु0 जनजाति  अ0 पि0 वर्ग  अन्य
- शारीरिक विकलांक की स्थिति हॉ/नहीं लिखें : (In Case of Physically Challenged write Yes or No) : हॉ/नहीं   
शारीरिक विकलांग की स्थिति में विकलांगता के प्रकार का उल्लेख करें : (In case of Physical Challenged indicate the type of Disability)  
अस्थि/Ortho  दृष्टि/Visual  वधिर/Hearing
- नामांकन संख्या अंकित करे अन्यथा प्रवजन प्रमाण संलग्न करें (Indicate enrollment number otherwise enclose migration certificate) :..... / Mig. Certificate No ..... Issue Date.....
- पत्राचार के लिए स्थानीय पता/Correspondence for Local Address .....  
..... दूरभाष/Phone No..... मोबाईल न./Mobile.....  
स्थायी पता/Permanent Address .....  
..... दूरभाष/Phone No..... मोबाईल न./Mobile.....

2

10. प्रवेश संवर्ग/Admission Category

प्रवेश परीक्षा/Through Entrance  बीमस्टेक/BIMSTEC  आयुष नेट/AUSH NET

सीसीआरएस नेट/CCRAS NET  Regular Faculty Member  अन्य/Other

विश्वविद्यालय की प्रवेश परीक्षा में सम्मिलित अभ्यर्थी मुख्य विषय का नाम व रोल नम्बर का उल्लेख करें (If appeared for University Entrance Test, Write the Name of Department & Roll No)

विभाग/Department ..... रोल न/Roll No..... परिणाम (प्रतिशत)/Result in percentage.....

11. सी.सी.आर.ए.एस. नेट/आयुष नेट उत्तीर्ण अभ्यर्थी विवरण दर्ज करें (Give Details if qualified CCRAS /AYUSH Net)

उत्तीर्ण परीक्षा सी.सी.आर.ए.एस. नेट/आयुष नेट (Name of exam qualified CCRAS /AYUSH Net) .....

रोल नम्बर (Roll Number).....परिणाम प्रतिशत अंक (Result in Percentage) .....

12. शैक्षणिक विवरण/Academic Record :-

उत्तीर्ण परीक्षाये/Examination passed	परिषद/विश्वविद्यालय Board/University	उत्तीर्ण करने का वर्ष Year of Passing	श्रेणी Division	प्राप्तांक प्रतिशत percentage/DGPA	विषय Subject
हाईस्कूल/समकक्ष High School/Equilent					
इण्टरमीडिएट/समकक्ष Intermediate/Equivalent					
स्नातक Graduation					
स्नातकोत्तर Post Graduation					
अन्य Other if any					

टिप्पणी :- हाईस्कूल से लेकर सभी उत्तीर्ण परीक्षाओं, के अंक-पत्रों/प्रमाण पत्रों की प्रमाणित छायाप्रतियाँ आवेदन पत्र के साथ संलग्न करें। यदि आप पी.पी.ई.टी. के अतिरिक्त अन्य माध्यम से प्रवेशित है तो सम्बंधित दस्तावेजों की सत्यापित प्रतियाँ संलग्न करें।

Note :- Attested Photocopies of the mark-sheets of all examination passed beginning from High School and also the attested photocopies of the concerned certificate claiming the PTET Exmpted (Other) category must be attached with this application.

13. विश्वविद्यालय या महाविद्यालय का नाम जहाँ आवेदक अन्तिम बार पढा/पढी हों। Name of the University and the College last Attended by the applicant

.....

14. क्या आप वर्तमान में किसी अन्य पाठ्यक्रम में अध्ययनरत है ? Are you pursuing any course currently ?

हाँ/Yes  नहीं/No

यदि हों तो उसका विवरण दीजिये /If YES, give details of the course.

.....

15. क्या इसके पूर्व/वर्तमान में शोध के लिए पंजीकृत हुये थे/है ? यदि हों तो निम्नलिखित विवरण लिखें। Whether previously/Current registered in any of the Ph.D. Programme in University or in any other University, if Yes write-

हाँ/Yes

नहीं/No

(i). संस्था का नाम (Name of University).....

(ii). विषय/विभाग (Name of Dicipline/Subject).....

(iii). पंजीकरण की तिथि/वर्ष (Date/Year of Admission).....

(iv). पंजीयन निरस्तीकरण/उपाधि प्राप्ति की तिथि (Date/year of cancellation/Award).....

(निरस्तीकरण/उपाधि प्राप्ति का प्रमाण संलग्न करें। Enclosed a copy of cancellation /Award letter)

14. Applicable Fees Detail D.D. No..... Bank.....Date..... Amt.....

15. क्या आपके विरुद्ध कभी कोई अनुशासनात्मक कार्यवाही की गई है ? यदि हों तो कारण, प्राप्त दण्ड एवं दण्ड देने वाले अधिकारी का उल्लेख करें। Whether any disciplinary action has been taken against you ? if so state reasons, the punishment awarded and reference of authority awarding the punishment

.....  
 .....

### अभ्यर्थी द्वारा घोषणा

### DECLARATION BY THE CANDIDATE

मैं निष्ठापूर्वक सत्यापित करता/करती हूँ कि मुझे कभी अनुशासनहीनता, परीक्षाओं में अनुचित साधनों के प्रयोग अथवा अन्य किसी प्रकार के आरोप के लिए दण्डित नहीं किया गया है

मैं पुनः निष्ठापूर्वक सत्यापित करता/करती हूँ कि इस आवेदन पत्र में मेरे द्वारा प्रस्तुत प्रपत्रों की छायाप्रति सही है तथा मैंने कोई भी प्रासंगिक सूचना छिपायी नहीं है। मैं यह भी घोषणा करता/करती हूँ कि यदि कभी भी मेरे द्वारा दी गई सूचनाएँ अथवा प्रतिज्ञापत्र असत्य पाई जाये तो -

- मेरा पंजीयन बिना किसी सूचना के अविलम्ब निरस्त किया जाय,
- मुझे विश्वविद्यालय अथवा अन्य किसी श्रोत से पीएच.डी./विद्यावारिधि पाठ्यक्रम के अन्तर्गत प्राप्त छात्रवृत्ति/आर्थिक सहायता वापस ली जाये।
- भविष्य में मुझे किसी भी शैक्षणिक पाठ्यक्रम में प्रवेश लेने अथवा इस विश्वविद्यालय में रोजगार प्राप्त करने से बिना किसी पूर्व सूचना के वंचित किया जा सकता है अथवा यदि रोजगार प्राप्त हो तो बिना किसी सूचना के बर्खास्त किया जा सकता है।

मैं यह भी निष्ठापूर्वक सत्यापित करता/करती हूँ कि विश्वविद्यालय अध्यादेशों के अन्तर्गत मैं किसी अन्य पूर्णकालीन शैक्षणिक पाठ्यक्रम में इस अथवा अन्य किसी विश्वविद्यालय में साथ-साथ अध्ययनरत् नहीं रहूँगा/रहूँगी। यदि ऐसा पाया जाता है तो मुझे उपरोक्त कृत्यों के लिये दंडित किया जा सकता है।

निम्नलिखित में से जो लागू न हो उसे X कर दें और जो लागू हो, सामने के बॉक्स में ✓ का निशान लगायें।

मैं विश्वविद्यालय में नामांकित हूँ एवं मेरी नामांकन संख्या .....

मैंने स्थानांतरण एवं प्रवजन प्रमाण पत्र जमा कर दिया है।

मैंने स्थानान्तरण एवं प्रवजन प्रमाण पत्र जमा नहीं किया है, लेकिन प्रवेश के उपरान्त उक्त प्रमाण पत्र 03 माह के अन्दर जमा कर दूँगा।

I Solmenly affirm that I have not been punished for any act of indicipline nor I have adopted any unfair means in any esamination nor involved myself in the any other offence whatsoever.

I further solemnly affirm that information furnished by me in this application from are true; and that the certificates and the Photostat copies of the documents I have submitted, are genuine and that I have not concealed any relevant information.

I further affirm that if at any stage hereafter it is found that the information and the undertaking furnished by me were not true then :-

- My registration be immedicately cancelled without any notice
- That I shall be liable to refund the scholarship/any financial aid received from the University/any other source during my Ph.D./C' akravarty programme.

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- That I be debarred from future admission in any academic Course and employment at this University and if already employed I be dismissed without any notice .

Strike out the Clause not applicable and put a tick mark in the appropriate box-

I already enrolled with University and my Enrollment no is .....

I have Submitted the Transfer and Migration certificates.

I have not submitted the Transfer and Migration certificates, but will submit the same within 3 monts, if admitted. I also Solemnly affirm that as per the University Ordinance I shall not concurrently pursue any other full time academic course either at this or any other University. If found doing so I shall be liable to the aforesaid action and punishment.

दिनांक/Date : .....

Name : .....

स्थान/Place : .....

हस्ताक्षर/Signature .....

**FOR OFFICE USE ONLY/ केवल संस्थान/कॉलेज द्वारा भरा जाये**

Marks/Division Obt. In Counseling /Personal Interview  Marks Obtained in Semester

पंजीकरण हेतु संस्तुति

संस्तुत

असंस्तुत

Recommendation for Registration

Recommended

Not Recommended

विभागीय शोध समिति सदस्यों के हस्ताक्षर मय दिनांक/Signature of DRC Member with Date of DRC

Name:- 1) ..... 2) ..... 3)..... 4) .....

Sign with Date :- 1) ..... 2) ..... 3)..... 4) .....

सम्बंधित विभागीय शोध समिति द्वारा संस्तुति

Recommendation of the DRC of concerned Department

नियुक्त पर्यवेक्षक :

Name/नाम : .....

Supervisor Alloted

Designation/पद : .....

Department/विभाग : .....

Date of Birth/जन्मतिथि :.....Date of Retirement/सेवानिवृति तिथि :.....

Permanent Address : .....

.....Pin No.....Mob No.....

वर्तमान में अधीन अध्ययनरत् पीएच.डी. अध्येताओं की संख्या :.....

(जिन्होंने पीएच.डी. शोध प्रबंध विश्वविद्यालय में जमा नहीं किया है)

नियुक्त सह पर्यवेक्षक :

Name/नाम : .....

Supervisor Alloted (If allot)

Designation/पद : .....

Department/विभाग : .....

Date of Birth/जन्मतिथि Date of Retirement/सेवानिवृति तिथि

Permanent Address : .....

.....Pin No.....Mob No.....

शोध विषय (डी.आर.सी. द्वारा अनुमोदित) DRC approved topic of research: .....

Date of Joining in Institute/College /सम्बंधित संस्थान/कालेज में प्रवेश की तिथि :- .....

Date of Semester Exam : ..... Marks Obtain in/Maximum Marks : .....

(S)

List of Enclosures :-

- 1) Educational Testimonials Ascending to Descending Order (10th to P. G. Mark sheets and Certificates Attested copy)
- 2) Migration Certificate (If Applicable)
- 3) Demand Draft of applicable fees against Registrar, Dr. S.R. Rajasthan Ayurved University, Jodhpur  
(Form Fees Rs. 600/- Registration Fees 10000/-, Enrollment Fees 1000/- Eligibility Fees :- 400/-)

**Note: - above mentioned fees are charged double in case of foreign candidates.**

- 4) Certificate of Supervisor (As per Enclosed Performa)
- 5) Certificate of Institution/College Head (As per Enclosed Performa)
- 6) Four Copies of Synopsis
- 7) Valid ID Proof (Voter ID, Aadhar Card, Passport)

दिनांक/Date : ..... Signature of Institution/College Head : .....  
स्थान/Place : ..... (Office Seal)

**(Certificate of Supervisor should be given on Official Letterhead)**

This is certify that .....(Name of Scholar) is submitting her synopsis entitled  
..... (Name of Research Topic) for the registration of Ph.D. under my  
supervision. I Certify that:-

1. To my knowledge the subject selected has not been studied and is not being studied so far in University.
2. The subject is of a sufficient scope to keep the candidate engaged for two year
3. The subject will lead to a valuable contribution. I have seen and approved the synopsis submitted by the candidate
4. I have research candidates working under my supervision including the present one
5. Relation with candidate :- Yes/No
6. University Allotted PhD. Guide Registration Number is :-

(Signature)

Name :-

Designation :-

**(Certificate by Head of Institution should be given on Official Letterhead)**

This is to certify that .....(Name of Supervisor) is working as a .....(Designation) in  
Dept. of ..... He has sufficient time to supervise the Research work of the candidate  
..... along with her usual duties. Also he has approx. year ..... left in his retirement

(Signature)

Name :-

Designation :-

Note :-

This form also available in PDF & Word formate at University Website (Link given below) :-  
<https://education.rajasthan.gov.in/content/raj/education/dr--sarvepalli-radhakrishnan-rajasthan-ayurved-university--jodhp/en/research>

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DSRRAU/Ph.D/Res/02

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**

**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**

**APPLICATION FOR REGISTRATION AS Ph.D. SUPERVISOR/COSUPERVISOR**

1. Name of Applicant (Block letters) \_\_\_\_\_
2. Age & Date of Birth \_\_\_\_\_
3. Gender \_\_\_\_\_
4. Present Position / Designation \_\_\_\_\_
5. Nature of Appointment (Regular/Contractual/Attachment) \_\_\_\_\_
6. Name & Address of Present Institution / Campus \_\_\_\_\_
7. Present Working Department \_\_\_\_\_
8. CCIM Teacher Code \_\_\_\_\_
9. Residential Address \_\_\_\_\_
10. Mobile Number & email \_\_\_\_\_
11. Educational Qualifications (Higher to Lower) :

Affix Photo  
(Self Attested)

Qualification	Name of Institution	Period From - to	To Name of University / Apex body

(Insert more column, if required)

12. Title of Ph.D. Dissertation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of award of Ph.D. : \_\_\_\_\_

13. Teaching Experience (from Latest to Previous) :

Designation	Name of Institution	Period From ___ To	Duration	Subjects taught

(Insert more column, if required)

TOTAL TEACHING EXPERIENCE \_\_\_\_\_ TOTAL RESEARCH EXPERIENCE \_\_\_\_\_

14. Scientific Research Publications: Total Number of Publications

S.No.	Name of Journal	ISSN/ ISBN Number	Author / Co-Author	Title of Paper	Year/Volume/Issue/ Page number	Impact Factor

15. P.G. Supervisor / Co-supervisor / Projects completed :

S.No.	Name of Student	Year From .. To...	Title of Dissertation / Project	Name of University / Sponsorial Organization	Total amount (Rs.) of Project	Whether Supervisor/ Cosupervisor/ Principal Investigator (P.I.) / Co-P.I.



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1. Administrative Experience, if any : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Any other Relevant Information : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Declaration**

I, \_\_\_\_\_ S/O, W/O \_\_\_\_\_,  
am willing to be registered as a research Supervisor for Ph.D. Scholars in  
\_\_\_\_\_ (Name of Dept.) of **Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved  
University, Jodhpur** in accordance with the rules and regulations of this University. I certify that the above  
information furnished by me is True, Complete and correct to the best of my knowledge & belief. I understand  
that in the event of any above information being found False or Incorrect at any stage, my registration as  
'Supervisor' stands Cancelled along with necessary action as desired by this University.

Enclosures: Self attested copies of all relevant documents, appointment order, qualifications, publications, etc.

**Signature of Applicant**

**Forwarded by Head of Department**

Date:

**Signature & seal of Director/ Head of Institution**

**Date:**

**Note :-**

This form also available in PDF & Word format at University Website (Link given below) :-  
<https://education.rajasthan.gov.in/content/raj/education/dr--sarvepalli-radhakrishnan-rajasthan-ayurved-university--jodhp/en/research>



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DSRRAU/Ph.D/Res/03

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**

**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**

**शोध कार्य प्रगति विवरण/Biannual Progress Report of Ph.D. Research Work**

(यह प्रतिवेदन पंजीयन की तिथि से प्रत्येक छः माह की समाप्ति पर प्रभारी अधिकारी (पीएच.डी. शाखा) को भेजना अनिवार्य है)

**Progress Report be submitted at the end of every 6 Months duration to Office Incharge (Ph.D.)**

<b>A</b>	प्रगति प्रतिवेदन दिनांक से _____ तक _____ Duration of Progress report from _____ to _____	
<b>1</b>	शोधार्थी का नाम (Ph.D. Scholar Name)	
<b>2</b>	पंजीयन संख्या (Registration Number)	
<b>3</b>	ज्वाइनिंग तिथि (Joining Date)	
<b>4</b>	शोध शीर्षक (Research Topic)	
<b>5</b>	पर्यवेक्षक का नाम मय पद (Name & Designation of Supervisor)	
<b>6</b>	पर्यवेक्षक के मुख्यालय पर किये गये शोध कार्य के दिनों की संख्या (Number of Days of Working at Supervisor's Head Quarters)	
<b>7</b>	निर्धारित शोध अवधि समाप्ति की तिथि (विभाग में ज्वाइनिंग से 03 वर्ष (Stipulated date of completion of research Within 03 years from joining in Deptt.))	
<b>B</b>	छः माह में किये गये शोध कार्य का बिन्दुवार विवरण पृथक पृष्ठ पर प्रस्तुत करें (Report on Research Work done during last 6 months to be submitted pointwise on separate sheet)	
<b>C</b>	प्रतिवेदित समय हेतु प्रस्तावित कार्यों में अपूर्ण रहे कार्यों (यदि हों) का विवरण (Detail of work proposed for reporting period (if not completed) give their details) (Enclose Separate Sheet, if required)	
<b>D</b>	आगामी शोधकार्य की बिन्दुवार आगामी 06 माह हेतु कार्य योजना (Pointwise plan of proposed work during period of next 06 months) (Enclose Separate Sheet, if required)	

E	प्रतिवेदन अवधि में किये गये प्रकाशन कार्य का विवरण (प्रति संलग्न करें) Publications during the period of reporting (Attach Copies)	
F	विभागीय सेमिनार में किये गये प्रस्तुतिकरण का विवरण (प्रमाण पत्र संलग्न करें) Details of Presentation of Research Work during last 06 months (Use a serparate sheet If required (Attach Certificate)	
G	राष्ट्रीय/अन्तर्राष्ट्रीय सेमिनार/वर्कशॉप में सहभागिता (प्रमाण पत्र संलग्न करें) Participation in National/International Seminar/Workshops(AttachCertificate )	
H	छः माही प्रगति-प्रतिवेदन प्रस्तुतिकरण की तिथि (Date of Presentation Six-monthly Progress of Research work)	
		(शोधकर्ता के हस्ताक्षर) Signature of Scholar
(पर्यवेक्षक द्वारा पूर्ति हेतु) <b>To be filled up by the Supervisor</b>		
1	प्रगति विवरण प्रस्तुत करने की दिनांक (Date of submission of Progress report)	
2	बिन्दुवार शोध कार्य पर पर्यवेक्षक की टिप्पणी Pointwise comments on work done (Use a serparate sheet If required)	
3	प्रतिवेदन काल में प्रस्तावित अपूर्ण रहे कार्यों पर टिप्पणी (Comments on incomplete work proposed for the reporting period)	
4	क्या प्रगति विवरण समय पर प्रस्तुत किया गया है, यदि नहीं तो कारण स्पष्ट करें (Has Progress Report been submitted in time ? If not, reason be mentioned)	
5	अन्य विवरण यदि कोई हों (other Information If any)	
		पर्यवेक्षक के हस्ताक्षर मय सील Supervisors Signature with Seal



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**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**  
**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**

### Biannual Progress Report Presentation Certificate

This is to certify that Dr. \_\_\_\_\_ from the Department of \_\_\_\_\_ has presented his/her six monthly Ph.D. progress report for the period \_\_\_\_\_ to \_\_\_\_\_ before the DRC and was found satisfactory/unsatisfactorily His/Her Research Topic is \_\_\_\_\_

Comments of DRC (If Any) :-

Name and Signature of DRC Memers (Add more column if required)	Sr. No	Name of DRC Member with Designation	Signature
	1		
	2		
	3		
	4		
	5		
Date of DRC Meeting			
<b>Signature Head of the Institution (With office Seal)</b>			

**Note :-**

This form also available in PDF & Word formate at University Website (Link given below) :-  
<https://education.rajasthan.gov.in/content/raj/education/dr--sarvepalli-radhakrishnan-rajasthan-ayurved-university--jodhp/en/research>

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**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University**

**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय**

**STRICTLY CONFIDENTIAL**

**EXTERNAL EXAMINTERS PANEL TO EVALUATE THE THESIS FOR THE DEGREE OF  
PH.D./VIDHYAVARIDHI OF Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University**

Name of Candidate :	
Registration No. :	
Department :	
Topic of Research :	

**Name of 08 Examiners recommended by the Supervisor :- ( Should be Ph.D. Holder in concerning department will consider)**

Sr. No	Name of Examiner	Designation/Institute (Where working currently)	Qualification/Broad field of Research	Complete Permanent Address with pin number	Mobile No. with Mail ID
1					
2					
3					
4					
5					
6					
7					
8					

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**Rules Regarding Panel**

- 1- The supervisor of the candidate will suggest a panel of eight names of external persons (including adequate details regarding designation, address and major work in the field of study of the scholar concerned) competent to evaluate the thesis. The panel will be submitted to the Vice-Chancellor who will appoint two external examiners out of this panel. If necessary he may call for additional names for the panel from the supervisor. The supervisor shall give a certificate to the effect that the names suggested in the panel are not close relatives of the supervisors.
- 2- Dr. S. R. Rajasthan University teaching faculty members/with research coloboration not act as external examiners
- 3- Panel experts must be equal to Associate professor o higer rank.

**Declaration :-** No close relations of candidate/Supervisor shall be permitted to act as examiner(s).

**Supervisors Sign**

**Name:-  
Seal**

**Permanent Address with mobile number: .....**

**Note:**

1. Complete postal address including the name of the City/State in which the Department/University is located pin Code, email and Phone number must also be sent for obtaining quick consent from the experts. In case of e-mail ID please ensure that the same is written LEGIBLY of types correctly.
2. In the case of retired person position held by the examiners at the time of retirement should be clearly mentioned while giving his residential address.
3. University teaching staff /with research coloboration should not be included in the panel.
4. Panel should be sent separate post to Name of Incharge (Ph.D.) , Dr. S.R. Rajasthan Ayurved University, Nagaur Highway Road, Karwar, Jodhpur (Raj.) with CONFIDENTIAL mark.



(14)

DSRRAU/Ph.D/Res/05

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**

**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**

**FORMAT FOR THE PRESENTATION AND APPROVAL OF  
RESEARCH PROPOSAL**

This is to certify \_\_\_\_\_

(a) that Sri/Ms \_\_\_\_\_, a bonafide research scholar of this department/school/centre, has given a detailed seminar on his Research Plan Proposal before the DRC as detailed below: Topic: \_\_\_\_\_

\_\_\_\_\_ Date/Time: \_\_\_\_\_

(b) that his/her Research Plan Proposal has been examined in view of academic merit and that the RPC and DRC is satisfied/not-satisfied by the content and quality of Proposal,

(c) that his/her presentation was excellent/good/satisfactory/not-satisfactory and that he/she was able/unable to defend the proposal and answer he proposal related questions,

(d) that he/she is allowed/not-allowed to submit the Research Plan Proposal.

In case of unsatisfactory Proposal/presentation following suggestions are given by DRC

Comments of DRC (If Any) :-

Name and Signature of DRC Memers (Add more column if required)	Sr. No	Name of DRC Member with Designation	Signature
	1		
	2		
	3		
	4		
	5		

Date of DRC Meeting

Signature Head of the Institution  
(With office Seal)



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DSRRAU/Ph.D/Res/06

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**

**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**

**PROFORMA FOR THE USE OF EXAMINERS FOR VIVA-VOCE**

We conducted the Viva-Voce Examination of \_\_\_\_\_ A candidate for Ph.D. in the Faculty of \_\_\_\_\_ and we recommend as follows: -

- (a) that the candidate be awarded the Degree of \_\_\_\_\_ for which he/she has supplicated, because he/she has been able to satisfy us on the issued raised in the reports of the examiners, and also because candidate has convinced us that the work presented by him/her is his/her own contribution.
- (b) that the candidate be not awarded the degree.

**(Detail Viva Report Should be enclosed with this profoma)**

Signature of Examiner  
(External Examiner)

Signature of Examiner  
(Internal Examiner)

Name \_\_\_\_\_

Name \_\_\_\_\_

Designation  
\_\_\_\_\_

Designation  
\_\_\_\_\_

Name of Research Scholar  
\_\_\_\_\_

Name of the Institution  
\_\_\_\_\_

Supervisor  
\_\_\_\_\_

Title  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department  
\_\_\_\_\_

Date and Place of the Viva-Voce \_\_\_\_\_





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DSRRAU/Ph.D/Res/07

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**

**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**

**PROFORMA FOR THE USE OF EXAMINER OF THESIS FOR  
Ph.D./D.Sc. DEGREE**

I have examined the thesis entitle \_\_\_\_\_

submitted by \_\_\_\_\_

of the Department of \_\_\_\_\_ in the Faculty of \_\_\_\_\_

\_\_\_\_\_ of the Dr. S. R. Rajasthan Ayurved University, Jodhpur and I observe  
as follows:

- (a) The thesis is an original piece of research and contributory to knowledge either by the discovery of new facts and their significance or by a new interpretation of facts.
- (b) The thesis evinces the capacity of the candidate for critical examination and judgment.
- (c) The thesis is satisfactory in so far as its literary presentation is concerned.
- (d) The thesis is suitable for publication.

I recommend that :  
(a) the thesis be accepted, or  
(b) the thesis rejected, or  
(c) the candidate be allowed to represent this thesis in a revised form.

**Encl:** (a) Detailed report on separate sheet(s),  
(b) List of points for clarification  
(c) certain points at the time of Viva-Voce (if any)  
(d) Reasons of rejection (if applicable)

**Date :**

Signature of the Examiner

Name \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

Mobile No \_\_\_\_\_

E Mial \_\_\_\_\_



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DSRRAU/Ph.D/Res/08

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**  
**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**

**Ph.D THESIS ASSESSMENT/DETAIL VIVA REPORT**

1. Full name of the Examiner: \_\_\_\_\_
2. Department: \_\_\_\_\_
3. University or Institution: \_\_\_\_\_
4. Complete Address: \_\_\_\_\_
5. Contact No. \_\_\_\_\_ E mail \_\_\_\_\_
6. Title of the Thesis \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Student Name: \_\_\_\_\_
8. Please, report your critical opinion on the following issues concerning the PhD thesis.  
**(if the space is insufficient, you must attach the additional sheets as annexure.)**

1. Is the topic relevant? Are the research objectives well defined?

2. Is the selected methodology sound and suitable for the topic and the objectives pursued in the thesis?

3. Is the body of reviewed literature up to date and complete? Have all relevant sources been considered and cited

--	--

4. Does the thesis make original contributions that expand the current knowledge on the subject? Are these contributions relevant?

--	--

5. Is the thesis structure adequate to explain the research carried out and the results achieved? Is language used properly? Are formal elements, like figures or tables, well laid out and helpful to understand the research and results?

--	--

6. Only if this is a compilation thesis (Literary research): Is there a clear and coherent connection among the topics and methodology of the different sections and subject material that comprise the thesis? Do the introduction and conclusions of the thesis provide a unifying picture of the whole research?

--	--

7. Please mention three strengths and three weaknesses of this thesis.

8. If you think the thesis should NOT be accepted in its current form, please mention the changes that you consider MUST be done before it can proceed for Viva-voce.

9. Please mention other changes that MAY be done in order to improve the thesis quality, but that you do not consider strictly necessary as a reason for rejection of Thesis.

10. Any other comments:

Please provide your Final recommendation for the PhD Thesis:

- This thesis should be ADMITTED for Viva-Voce without any modification
- This thesis should be ADMITTED for Viva-Voce, either in its current form or after taking into account the suggestions made in point 9 of this report.
- This thesis should be MODIFIED before its consideration for Viva-Voce in order to make the changes required in point 8 of this report.
- This thesis should be REJECTED, due to the reasons given in this report.

Signature:

Full Name of the Examiner: \_\_\_\_\_  
Designation \_\_\_\_\_  
Address \_\_\_\_\_  
Mobile No \_\_\_\_\_ E Mial \_\_\_\_\_

Place,  and date:

Note :-

This form also available in PDF & Word formate at University Website (Link given below) :-  
<https://education.rajasthan.gov.in/content/raj/education/dr--sarvepalli-radhakrishnan-rajasthan-ayurved-university--jodhp/en/research>



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DSRRAU/Ph.D/Res/09

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**  
**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**

**Statement showing remuneration to the examiners for the Degree of Ph.D. for  
assessing the Thesis and conducting the viva-voce**

Name of Research Scholars \_\_\_\_\_ Department \_\_\_\_\_

subject of the thesis \_\_\_\_\_ \* REMUNERATION FOR  
Rs./ \_\_\_\_\_  
Assessing Thesis Reading the

For assessing the thesis only and conducting the Viva-Voce Examination

"The Foreign Examiners  
are requested kindly to return  
the thesis by SURFACE  
MAIL and include the  
Charges in the Bill."

Add Postal contingent charges (as per receipt enclosed)

GRAND TOTAL \_\_\_\_\_

I hereby certify that I have examined the Thesis on the subject noted above sent to me  
for evaluation for the degree of Ph.D. of the Dr. S.R. Rajasthan Ayurved University. My report on the  
Thesis and the copy of the Thesis have been returned to the Registrar on \_\_\_\_\_.

Verified

Revenue Stamp to be affixed here if the  
net amount payable is over Rs. 5000/-

Dy. Registrar  
(Academic)

Signature of the Examiner

Name \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

Passed for Rupees \_\_\_\_\_

**SCALE FOR REMUNERATION**

\* For reading the thesis for Ph.D. Degree  
for Viva Voce

Rs. 800/-  
500/-

**(Please fill the detail carefully for online payment transfer)**

Name (in "Capital" letters) :.....

Designation :.....

Address :.....

.....

Name of Bank .....

Bank Location :.....

Bank Account Number :.....

IFSC Code (\*\*Please fill compulsory):.....

Mobile No:.....

E-Mail ID :.....

Declaration :- Above information true and best of my knowlege.  
Any kind of transaction failed due to incomplete detail, all libility of mine.

Date .....

Signature .....

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DSRRAU/Ph.D/Res/10

**Format Cover Page of Thesis**

.....**TITLE**.....  
.....**(18 POINT BOLD)**

**SYNOPSIS(16 point bold) SUBMITTED TO(12 point bold)**

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**  
**(16 Point bold)**



**FOR THE PARTIAL FULLFIMENT OF THE DEGREE (12 Point Bold)**

**OF (12 Point Bold)**

**AYURVEDA VACHASPATI/AYURVEDA DHANVANTARI [DOCTOR OF MEDICINE - / MASTER  
OF SURGERY – AYURVED] (15 Point Bold)**

**IN (12point bold)**

.....**SPECIALISATION**.....**(15 Point Bold)**

**by(12 Point Bold)**

**NAME OF SCHOLAR(14 Point Bold)**

**SUPERVISOR'S NAME(14 Point Bold)**

**CO-SUPERVISOR'S NAME(14 Point Bold)**

**DEPARTMENT OF.....(14point Bold)**

**COLLEGE OR INSTITUTION..... (14Point Bold)**

**Registration No.(10Point Bold)**

**Year(10Point Bold)**

**Enrollment No. (10 Point Bold)**

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**  
**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**





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DSRRAU/Ph.D/Res/11

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**

**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**

**Recommendation on Revised Ph. D. Thesis**

Name of the Candidate: \_\_\_\_\_

Title of the Thesis : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give your specific recommendation by ticking  any one of the following, with signature Please give your specific recommendation by ticking ( underneath and enclose your **detailed report** on separate sheet(s) with your signature, name and address.

The thesis be accepted for the award of the Ph. D. degree

OR The thesis be rejected. (Please enclose your comments).

Place \_\_\_\_\_

Signature of the Examiner \_\_\_\_\_

Date \_\_\_\_\_

Name and Address of the Examiner

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Encl: Detailed report on separate sheet(s)



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DSRRAU/Ph.D/Res/12

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**  
**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**

**EXTENSION OF Ph.D. Period**

Please ensure that all parts of the form are completed to avoid delays in processing your application.

**1. Student's details:**

Full Name and Correspondence Address:    	Registration No:	Department:
	Registration Date:	Title:
	Session:	Last progress report submitted:
	Current Time Limit :	

**2. Application for an Extension to the Time limit:**

Length of Extension Requested (in months)		From (date)		To (date)	
Please specify the reason for your application for a time limit extension: Please tick the relevant box. Extend the time- limit for your coursework      Extend the time- limit for the submission of your thesis Extend the time- limit for the submission of your minor amendments      Extend the time- limit for the re-submission of your thesis					
Is this your first request for extension? YesNo- Please indicate the number of months previously approved					
Detail the stage at which the coursework/thesis currently stands:      attach additional sheet if necessary					
Reason for the non-completion of coursework/thesis:					
Time table of work to be carried out during the proposed period of extension:      attach additional sheet if necessary					
Signature of Student:				Date:	

Continued Overleaf

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### 3. Supervisor's Statement:

Please indicate here whether or not the student's application is supported (attach additional sheet if necessary) please note that this information will be released to the students

Name of Supervisor(s)

Signature of Supervisor(s)

Recommendations by the Head of the Department:

Signature of the head of the Department:

Official Stamp:

Signature of Head of academics (Dean)

Date

Official Stamp:

**This document is not valid without the signature of the Supervisor/ Head of the department.**

**Note:** Students are strongly encouraged to complete their coursework/ thesis within the normal period of registration, if possible, and definitely within the specified maximum time limit. Only duly filled forms will be considered.

**Note :-**

This form also available in PDF & Word format at University Website (Link given below) :-

<https://education.rajasthan.gov.in/content/raj/education/dr--sarvepalli-radhakrishnan-rajasthan-ayurved-university--jodhp/en/research>

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DSRRAU/PHD/Res/13



**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University**

**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय**

**ENROLLMENT FORM FOR Ph.D. (MIGRATION CERTIFICATE ORIGINAL COPY SHOULD ATTACH WITH THIS FORM)**

Student Registration Number :-			
1	Name		
2	Father's Name		
3	Postal Address		
4	Aadhar Number		
5	Student Mobile Number		
6	Class in which Admitted		
7	Faculty in which Admitted		
8	Date of Admission		
9	Name of Qualifying Examination Passed		
10	Year of Qualifying Examination		
11	Roll No. Qualifying Examination		
12	Board/University of Qualifying Examination		
13	Institution of Qualifying Examination Passed		
14	Date of Birth		
15	Alloted College/Institute Name		
16	Eligibility Certificate (In case of immigrant only)		
17	Student Image		
18	Signature Image		

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DSRRAU/Ph.D/Res/14

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**  
डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर

**COURSE/COMPREHENSIVE EXAMINATION/PRE-SUBMISSION SEMINAR  
COMPLETION CERTIFICATE**

This is to certify that :

(a) that Sri/Ms \_\_\_\_\_, a bonafide research scholar of this department/school/centre, has satisfactorily completed the Ph. D. course work and has been successful in comprehensive examination,

(b) that his/her open Ph. D. thesis Pre-Submission seminar on (topic) \_\_\_\_\_ was held on (date) \_\_\_\_\_ in the department/school/centre from (time) \_\_\_\_\_

(c) that the DRC is satisfied/not-satisfied with the quality of the work of candidate,

(d) that the candidate described the thesis work satisfactorily/unsatisfactorily and answered the questions related with the basics understanding of the subject and thesis work satisfactorily/unsatisfactorily,

(e) that the DRC gave following suggestions for the improvement of quality of work/performance of pre-submission seminar \_\_\_\_\_

(Enclose separate sheet, if required)

Comments of DRC (If Any) :-

Name and Signature of DRC Memers (Add more column if required)	Sr. No	Name of DRC Member with Designation	Signature
	1		
	2		
	3		
	4		
	5		

Date of DRC Meeting

**Signature Head of the Institution  
(With office Seal)**

note:-This form also available in PDF & Word formate at University Website (Link given below) :-  
<https://education.rajasthan.gov.in/content/raj/education/dr--sarvepalli-radhakrishnan-rajasthan-ayurved-university--jodhp/en/research>

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DSRRAU/Ph.D/Res/15

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**  
**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**

**CANDIDATE'S DECLARATION (At The Time of Thesis Submission)**

I, \_\_\_\_\_, certify that the work embodied in this Ph. D. thesis is my own bonafide work carried out by me under the supervision of \_\_\_\_\_ and the co-supervision of \_\_\_\_\_ for a period of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ at Dr. S. R. Rajasthan Ayurved University and \_\_\_\_\_. The matter embodied in this Ph. D. thesis has not been submitted for the award of any other degree/diploma.

I declare that I have faithfully acknowledged, given credit to and referred to the research workers wherever their works have been cited in the text and the body of the thesis. I further certify that I have not willfully lifted up some other's work, para, text, data, results, etc. reported in the journals, books, magazines, reports, dissertations, theses, etc., or available at web-sites and included them in this Ph. D. thesis and cited as my own work. If any plagiarism related issue found against me, suitable action will be taken by the University and its complete responsibility will be with me.

Date: \_\_\_\_\_

(Signature of the candidate)

Place : \_\_\_\_\_

Name \_\_\_\_\_

**Certificate from the Supervisor/Co-supervisor**

This is to certify that the above statement made by the candidate is correct to the best of my/our knowledge.

(Supervisor's signature, Name & Designation)

(Signature of the HOD with seal)

This form also available in PDF & Word format at University Website (Link given below) :-  
<https://education.rajasthan.gov.in/content/raj/education/dr--sarvepalli-radhakrishnan-rajasthan-ayurved-university--jodhp/en/research>

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DSRRAU/Ph.D/Res/16



**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**

**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**

**COPYRIGHT TRANSFER CERTIFICATE**

Title of the Thesis : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Candidate's Name: \_\_\_\_\_

Department and Institute: \_\_\_\_\_

**Copyright Transfer**

The undersigned hereby assigns to the Dr. S. R. Rajasthan Ayurved University all rights under copyright that may exist in and for the above thesis submitted for the award of the Ph. D. degree.

Signature of the candidate

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**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**

**At the time of the submission fo thesis. Ph.D. Research Scholars have to submit the following :-**

- 1- Four copies of the thesis duly forwarded by the Supervisor and the Head of the Department concerned.  
The University enrolment number of the candidates should be mentioned on each copy of the thesis.
- 2- Four copies of the ABSTRACT of the thesis in about 600 nwords (not more than 06 pages) only forwarded by the supervisor concerned
- 3- Two CD Abstract Two CD Thesis in MS and PDF format (With Envelop)
- 4- One Copy of Certificate (Starting pages -Undertaking to Copyright Transfer Certificate)
- 5- An application, addressed to the Registrar, Dr. S. R. Rajasthan Ayurved University, Jodhpur duly forwarded by the supervisor and the Head of the Department concerned requesting for permission to supplicate the thesis.
- 6- "No Dues certificate" from Institute
- 7- Pre Submission Seminar Certificate mentioning the title of the thesis and date of pre-submission seminar.
- 8- The candidate has to carry his/her last progress report (day before submission of thesis) along with DRC minutes
- 9- Demand draft of fees to Registrar, Dr. S. R. Rajasthan Ayurveda University, Jodhpur
- 10- External examiners list via supervisor in sealed envelope with Confidential mark.
- 11- Article -02





DSRRAU/Ph.D/Res/18

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**

**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**

**APPLICATION FORM FOR ADMISSION TO THE DEGREE IN ABSENTIA**

To,  
**The Registrar,  
Dr. S.R. Rajasthan Ayurveda University,  
Karwar, Nagaur Road, Jodhpur  
(Raj.)**

Dear Sir/Madam

I Intend to take my Ph.D. Degree in absentia and I request that I may be admitted to the same.

Date : \_\_\_\_\_

Yours Faithfully,

(Signature of Candidate)

**PARTICULARS TO BE FILLED BY THE CANDIDATE**

Name (In block Letters) \_\_\_\_\_

Father's Name \_\_\_\_\_

Enroll No. \_\_\_\_\_ Prov. Cer. No \_\_\_\_\_

Full Permanent Address \_\_\_\_\_

Mob No. \_\_\_\_\_

Address to which the Degree should be sent \_\_\_\_\_

(Signature of Candidate)

Encl :-

- (1) Attested copy of Provisional Certificate
- (2) DD of Rs. 600/- Against, Registrar, Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur (Those candidates are exempt who have already submitted the fees on the time of thesis submission)
- (3) Attested Copy of Valid ID Proof Copy (Aadhar, License, Voter ID, Passport)

**For Office Use Only**

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurveda University, Jodhpur**

**U.O. Note**

Fees Received Via DD No ..... Date ..... Issue the degree to above mentioned applicant:-

**Encl :- As Mentioned Above**

Office Incharge (Ph.D.)

Exam Controller  
Dr. S.R. Rajasthan Ayurveda University,  
Jodhpur  
U.O. Number: - RAU/ACA/Ph.D/

Date :-



DSRRAU/Ph.D/Res/19

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**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur****डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर****Application Form For Issue of Duplicate Provisional Degree Certificate**

To,

The Registrar  
Dr. S.R. Rajasthan Ayurved University,  
Nagaur Highway Road, Karwar,  
Jodhpur (Raj.)

**Office Use only**

Duplicate Provisional Degree No. ....  
DD No. ....Date.....  
Deposit Account Sec. Date.....

**Dealing Asstt.**

Sir,

I have been a student of this university studying as regular/Ex Student in the .....  
.....(College/Institute) and passed the examination in the  
month and year ..... I request you to kindly issue my Duplicate Provisional Degree certificate.

The necessary fee Rs. ....has been deposited in Bank Draft/Receipt No..... of  
..... Bank.....Dated.....

1. Full Name in English (In Capital Letter) .....
2. Full Name in Hindi .....
3. Enrollment No.....
4. Father's Name.....
5. Branch/Department ..... Date of Viva .....
6. Name of Institution .....
7. Full Permanent Address (Where certificate were post).....  
.....Pin.....Mob No.....(2).....

**Enclosures for Duplicate Provisional Degree Certificate**

1. Demand Draft is payable in favour of Registrar, Dr. S. R. Rajasthan Ayurveda University, Jodhpur
2. Original affidavit
3. Valid Id Proof (Aadhar, Licence, Passport, Voter ID)
4. FIR Copy (If available)

**I Solemnly declare that the particulars given above are correct to the best of my knowledge**

Yours Faithfully

Signature and the present address of the candidate

.....  
.....**(Declaration by the Candidate on 10 Rs. non Judicial Stamp Paper)**

I..... S/o D/o ..... Presently residing at.....do hereby solemnly affirm &amp; Declare that

- (1). I say that the original Provisional cer. has been lost/destroyed/misplaced/defaced or any other reason.
- (2). I say that I undertake that in case my original diploma/degree/certificate which has been lost/destroyed/misplaced degraded or any other reason, is put to any kind of unfair use by any person(s) who has/can wrongly lay hands on it, I shall be solely responsible for all and/or and damages which may accrue to the University. I say that I indemnify the university from all and/or any act of any kind.
- (3) I say that all the above information/declaration given by me are true and correct and nothing therein is false or fabricated. I say that in case any of the above is found to be false/wrong/incorrect I shall be liable for legal action.

Date:-

(Name &amp; Signature of Applicant)

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DSRRAU/Ph.D/Res/20

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**

**डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर**

(माईग्रेशन प्रमाण पत्र (प्रवर्जन) नामांकन फार्म के संलग्न नहीं किये जाने की स्थिति में संलग्न किया जाने वाला घोषणा-पत्र)

मैं \_\_\_\_\_ विभाग \_\_\_\_\_

संस्थान/महाविद्यालय \_\_\_\_\_

यह घोषणा करता हूँ/करती हूँ कि मेरे द्वारा नामांकन फार्म के साथ मूल प्रवर्जन प्रमाण पत्र संलग्न नहीं किया गया है व मेरे द्वारा सम्बंधित महाविद्यालय \_\_\_\_\_

में मूल प्रवर्जन प्रमाण पत्र हेतु आवेदन किया गया है व मेरे द्वारा घोषणा की तिथि से 02 माह के भीतर मूल प्रवर्जन प्रमाण पत्र विश्वविद्यालय को प्रस्तुत कर दिया जायेगा। घोषणानुसार 02 माह के भीतर मूल प्रवर्जन प्रमाण पत्र विश्वविद्यालय में जमा नहीं किये जाने की स्थिति में मेरा पंजीयन रद्द किये जाने की सहमति प्रदान करता हूँ।

दिनांक \_\_\_\_\_

हस्ताक्षर

हस्ताक्षरकर्ता का नाम :-

हस्ताक्षरकर्ता विभाग :-



**Dr. SARVEPALLI RADHAKRISHNAN RAJASTHAN  
AYURVED UNIVERSITY**

NAGAUR ROAD, JODHPUR (RAJASTHAN) PIN: 342037

TELL NO - 0291-2795311, 2795312

E-Mail : registrar.dsrrau@gmail.com, rau\_jodhpur@yahoo.co.in

**Application for Registration of Research Centre**

1. Name of Institute with postal address \_\_\_\_\_

2. Contact Details

Landline \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail id \_\_\_\_\_

3. Name(s) of Teaching department seeking recognition as Research Centre

4. Details of the existing P.G. Programs in Department ( last 5 years details)

*(minimum requirement: The teaching department of an affiliated college is successfully running PG programme in the relevant area/discipline for last 05 years.*

S.N	Academic year	Name of PG program	CCIM/University Approval No.	Sanction strength	No. of students admitted	No. of MD/MS. completed
1.						
2.						

5. Details (with bio-data) and application (in prescribed format) of the eligible Research supervisors in the subject concerned applied for *(minimum requirement: Institute should have two full time faculty members eligible to become research supervisor in the relevant area)*

S.N	Name	Designation	DOB	Edu. Qualification	Teaching Exp at PG & UG Level	Publication in ISSN Journals and authered books (Enclose Copies)
1.					PG - UG -	
2.						

6. Details of the Post Graduate level laboratories in the department (separate list for each ) in which recognition is requested.

(i) Major equipment (cost more than 1.0 lacs)

S.No.	Name of equipment	Laboratory	DSR Page No.	Date of purchase & cost	Bill no. & date

(ii) Computational facility

S.No.	Type of Computers	Laboratory	No. of computers	DSR page No.	Bill no. & Date

(iii) Details of application Software

(iv) Internet bandwidth & type of connection

7. Library facilities

List of International/ National Journals in print form & electronic form in relevant field

8. National /International Conferences/Seminars/Workshops conducted in last 5 years in the concerned department with titles and coordinator's name

9. National/International Conferences/Seminars/Workshops attended by faculty members of the concerned department in last 5 years.

6. Details of the Post Graduate level laboratories in the department (separate list for each ) in which recognition is requested.

(i) Major equipment (cost more than 1.0 lacs)

S.No.	Name of equipment	Laboratory	DSR Page No.	Date of purchase & cost	Bill no. & d ate

(ii) Computational facility

S.No.	Type of Computers	Laboratory	No. of computers	DSR page No.	Bill no. & Date

(iii) Details of application Software

(iv) Internet bandwidth & type of connection

7. Library facilities

List of International/ National Journals in print form & electronic form in relevant field

8. National /International Conferences/Seminars/Workshops conducted in last 5 years in the concerned department with titles and coordinator's name

9. National/International Conferences/Seminars/Workshops attended by faculty members of the concerned department in last 5 years.



**Dr. SARVEPALLI RADHAKRISHNAN RAJASTHAN  
AYURVED UNIVERSITY**

NAGAUR ROAD, JODHPUR (RAJASTHAN) PIN: 342037

TELL NO - 0291-2795311, 2795312

E-Mail : registrar.dsrrau@gmail.com, rau\_jodhpur@yahoo.co.in

**Academic, administrative and infrastructure requirement to be fulfilled by Colleges for getting recognition for offering MPhil/PhD (According Regulation of UGC and Rajbhawan Guidelines DO No. F.1(46)(C)RB/2015: April, 2017)**

- (i) Colleges may be considered eligible to offer MPhil/PhD program only if they satisfy the availability of eligible research supervisors, required infrastructure and research promotion facilities as per these regulations
- (ii) Post graduate Department of Colleges, Research Laboratories of Government of India/State Government with at least two PhD qualified teachers/scientists / other academic staff in the department concerned along with required infrastructure, supporting administrative and research promotion facilities as per UGC Regulations shall be considered eligible to offer PhD program. Colleges should additionally have the necessary recognition by the Institution under which they operate to offer PhD Programme.
- (iii) Colleges with adequate facilities for research as mentioned below alone shall offer PhD program:
  - a) In case of science and technology disciplines, exclusive research laboratories with sophisticated equipments as specified by the Institution concerned with provision for adequate space as per research scholar along with computer facilities and essential software and uninterrupted power and water supply
  - b) Earmarked library resources including latest books, Indian and International journals-journals, extended working hours for all disciplines, adequate space for research scholars in the Department library for reading, writing and storing study and research materials
  - c) Colleges may also access the required facilities of the neighboring Institutions/ Colleges or of those Institutions/Colleges/R&D laboratories/Organizations which have the required facilities.



**Dr. SARVEPALLI RADHAKRISHNAN RAJASTHAN  
AYURVED UNIVERSITY**

NAGOUR ROAD, JODHPUR (RAJASTHAN) PIN: 342037

TELL NO - 0291-2795311, 2795312

E-Mail : registrar.dsrrau@gmail.com, rau\_jodhpur@yahoo.co.in

**Academic, administrative and infrastructure requirement to be fulfilled by Colleges for getting recognition for offering MPhil/PhD (According Regulation of UGC and Rajbhawan Guidelines DO No. F.1(46)(C)RB/2015: April, 2017)**

- (i) Colleges may be considered eligible to offer MPhil/PhD program only if they satisfy the availability of eligible research supervisors, required infrastructure and research promotion facilities as per these regulations
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  - b) Earmarked library resources including latest books, Indian and International journals-journals, extended working hours for all disciplines, adequate space for research scholars in the Department library for reading, writing and storing study and research materials
  - c) Colleges may also access the required facilities of the neighboring Institutions/ Colleges or of those Institutions/Colleges/R&D laboratories/Organizations which have the required facilities.



①

DSRRAU/Ph.D/Res/23



**Dr. SARVEPALLI RADHAKRISHNAN RAJASTHAN  
AYURVED UNIVERSITY**

NAGPUR ROAD, JODHPUR (RAJASTHAN) PIN: 342037

TELL NO - 0291-2795311, 2795312

E-Mail : registrar.dsrrau@gmail.com, rau\_jodhpur@yahoo.co.in

**VISITATION PROFORMA FOR STARTING Ph.D. COURSE**  
(Additional sheet may be enclosed as and where required)

**Section-A  
(GENERAL DETAIL OF COLLEGE/INSTITUTE)**

Date of visitation	
Purpose of Visitation	
Proposal Details	
Name of the College	
Full Address with pin code Name of the State/UT	
Telephone No./Fax/E-mail	
Name of the Managing Body With full address	
Telephone No./Fax/E-mail	
Whether Government/Grant-in-aid/private/ college of deemed university	
Year of Establishment of Society/Trust	
Year of Establishment of College	
Date & Year of the permission of the State Govt.	
Name of affiliating University	
Date & Year of consent affiliation	
Whether consent of the University has obtained ?	(Yes/No)
Date of last inspection by the University	
Name of the Principal with Qualifications and Experience	

**Section-B  
(DETAIL OF RESEARCH SUPERVISOR REGISTERED BY THE UNIVERSITY)**

Sr No	Name of Supervisor	Designation/Department	Registration No (Alloted by the University)	Date of Retirement

**Section-C  
(INFRASTRUCTURE DETIAL OF COLLEGE/INSTITUTE)**

**I) DETAILS OF HOSTEL**

Hostel	Area (sq.mtr.)	Own / Rented	No. of Rooms	Capacity	Mess facility (available/not available)	Warden (available/not available)
Boys						
Girls						

**II) HERBAL GARDEN**

S.No.	Particulars	Available
	Area	
	Total number of Medicinal plants with name (List to be enclosed)	
	Total number of species with name (List to be enclosed)	
	Irrigation facility – available/not available	
	Demonstration Room Area	

**III) SPORTS AND GAMES FACILITY**

Sports and Games Facility – available / not available	
---	--

**IV) TRANSPORT FACILITY**

Transport facility – available/not available	
--	--

**V) DETAILS OF TEACHING PHARMACY**

Quality Testing Laboratory - Available/ not available	
Laboratory Equipment Details (Copy enclose with cost of Equipment)	
Number of medicine prepared (last Two Year)	

**VI) A. DETAILS OF MEDICINES PREPARED (Last Two years)**

S. No.	Name of Medicines Prepared	Quantity of Medicines Prepared
1.		
2.		
3.		
4.		

*Note- If required additional sheet be attached in the prescribed format.*

**VI) B. DETAILS OF MEDICINES PREPARED (Last Two Year)**

S. No.	Name of Medicines Prepared	Quantity of Medicines Prepared
1.		

*Note- If required additional sheet be attached in the prescribed format.*

**VII) DETAIL OF LIBRARY**

S.No.	Details	Number of Books available
1.	Number of books	
(i)	Ayurved	
(ii)	Modern	
(iii)	Medical Journals	
(iv)	Others (Unani / Siddha, etc.)	
(v)	Total number of books	
2.	Number of seats available in reading room	
3.	Number of computers with internet facility	

**Section-D  
(RESEARCH PROMOTION FACILITY AND RESEARCH LABORATORY)**

S. No.	Information Required	Discription
1	Research Promotion Facilities in Institute/College	
2	Research and Development Policy (Please Provide Copy)	

**Section-E  
(DETAIL OF POST GRADUATION DEPARTMENT (Minimum 05 PG Department Mendatory))**

S. No.	Department	No of Seats
1		
2		

*Note- If required additional sheet be attached in the prescribed format.*

*Signature of Visitors with date*

*Signature of Principal with date*



DSRRAU/Ph.D/Res/24

**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur**  
डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर

**RE REGISTRATION OF Ph.D.**

Please ensure that all parts of the form are completed to avoid delays in processing your application.

**1. Student's details:**

Full Name and Correspondence Address: _____ _____ _____ _____	Registration No:	Department:
	Registration Date:	Title:
	Session:	Last progress report submitted:
	Current Time Limit :	

**2. Application for Re Registration:**

Length of Re Registration (Maximum 02 Year) Requested (in months)		From (date)		To (date)	
Please specify the reason for your application for Re Registration: Please tick the relevant box. Extend the time- limit for your coursework      Extend the time- limit for the submission of your thesis Extend the time- limit for the submission      Extend the time- limit for the re-submission of your thesis of your minor amendments					
Is this your first request for Re Registration ?					
Detail the stage at which the coursework/thesis currently stands:      attach additional sheet if necessary					
Reason for the non-completion of coursework/thesis:					
Time table of work to be carried out during the proposed period of extension:      attach additional sheet if necessary					
Signature of Student:			Date:		

Continued Overleaf

**3. Supervisor's Statement:**

Please indicate here whether or not the student's application is supported (attach additional sheet if necessary) please note that this information will be released to the students

<b>Name of Supervisor(s)</b>	Recommendations by the Head of the Department:
Signature of Supervisor(s)	Signature of the head of the Department:
	Official Stamp:

**Signature of Head of academics (Dean)**  
Date  
Official Stamp:

**This document is not valid without the signature of the Supervisor/ Head of the department.**

**Note:** Students are strongly encouraged to complete their coursework/ thesis within the normal period of registration, if possible, and definitely within the specified maximum time limit. Only duly filled forms will be considered.

**Note :-**

This form also available in PDF & Word format at University Website (Link given below) :-

<https://education.rajasthan.gov.in/content/raj/education/dr--sarvepalli-radhakrishnan-rajasthan-ayurved-university--jodhp/en/research>