



**DEPARTMENT OF BIOMEDICAL SCIENCE BHARATHIDASAN  
UNIVERSITY TIRUCHIRAPPALLI – 620 024**  
(Accredited with 'A+' Grade by NAAC in the Third Cycle)

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**ADVERTISEMENT FOR UNIVERSITY RESEARCH FELLOWSHIP POSITION**

Applications are invited for **UNIVERSITY RESEARCH FELLOWSHIP (URF)** for **Ph.D. (Biomedical Science)** in the Department of Biomedical Science, Bharathidasan University, Tiruchirappalli – 620 024.

- Name of the Post** : University Research Fellow
- Number of Vacancies** : Four
- Reservation Category** : OC-1 BC-1, MBC-1, & SC/ST -1
- Fellowship** : Rs. 5,000/- per month for maximum period of Ph.D. Programme

**ELIGIBILITY CRITERIA :**

- ❖ Should have at least provisionally registered for Ph. D. programme in Biomedical Science at the Department of Biomedical Science , Bharathidasan University.

All interested eligible candidates are requested to send the filled-in application form along with the following documents to the **Professor & Head, Department of Biomedical Science, Bharathidasan University, Tiruchirappalli-620 024** by post and by email (bms@bdu.ac.in) on or before **10.10.2022 (Monday)**.

- ❖ Application in the prescribed format along with the attested copies of the academic Qualifications, starting from SSLC should be submitted.
- ❖ Attested copy of Community certificate.
- ❖ Ph.D. Entrance Examination qualified certificate copy (if applicable).
- ❖ A detailed CV including details such as E-mail ID & mobile number.

**REGISTRATION FEE: Rs.300/-** in the form of Demand Draft (DD) drawn in favour of “**Bharathidasan University**” payable at Tiruchirappalli-620024.

Written Examination and Interview is on **12.10.2022 at 11.00 A.M**

*No TA/DA will be paid for attending the written examination and interview.*

**Professor and Head,  
Department Biomedical Science  
Bharathidasan University,  
Tiruchirappalli - 620 024.  
Email: [bms@bdu.ac.in](mailto:bms@bdu.ac.in)**



**BHARATHIDASAN UNIVERSITY**  
**TIRUCHIRAPPALLI - 620 024**

**APPLICATION FOR UNIVERSITY RESEARCH FELLOWSHIP FOR Ph.D. PROGRAMME**

**1. Name :**

**2. Age and Date of Birth :**

**3. Address for Communication :  
Mobile no.**

**4. Community : BC / MBC / SC / ST / OC (Tick the relevant one)**  
**(Attested copy of community certificate to be enclosed)**

**5. Discipline / Subject Applied for :**

**6. Qualification from S.S.L.C. to the highest Degree**  
**(Attested copy of certificate to be enclosed):**

Board / Degree	Year	University	Marks / Grade /GPA obtained	Class

7. Details of D.D. for Rs. 300/- : Name of the Bank :  
D.D No & Date :

8. Previous Research Experience, :  
if any

Signature with Date

### **INSTRUCTIONS**

1. Registration fee of **Rs.300/-** to be enclosed by DD Drawn in favour of “**Bharathidasan University**”, Payable at Tiruchirappalli. The candidate should write his/her name and address and the purpose on the backside of the DD.
2. The filled-in application should be sent to **The Professor and Head, Department of Biomedical Science-, Bharathidasan University, Tiruchirappalli - 620 024** on or before: **10-10-2022**.