Dr. N T R UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA - 08	
APPLICATION FORM TO REGISTER TO Pre-Ph.D EXAMINATION MONTH YEAR 20 (REGULAR/REFERRED) (NOTE: READ INSTRUCTIONS OVERLEAF CAREFULLY BEFORE FILLING THIS FORM)	
1 Name of the Institution & Address:	
2 News of the Condidate (in CADITAL Letters of in DC Demos C	
2 Name of the Candidate (in CAPITAL Letters as in PG Degree C boxes)	ertificate without touching edges of
3 Father's Name (in CAPITAL Letters without touching edges of	boxes)
4 Sex: 5 Exam Fee Paid: 6 DD No., Date & Bank: 7 Pi	re-Ph.D Regd. No. (To be filled by UHS)
8 Date of Admission 9 Date of Completion: 10 Atter	ndance Percentage (%) (Can be rounded)
11 Name of applied subjects:	
12 Marks of Identification:	15 Photo:
13 Signature of the Guide with stamp of the Institution:	Paste recent Black & White Passport Photograph
	Please do not staple or pin The photograph Please do not sign on the
14 Signature of the Head of the Institution with stamp:	Photograph
	16 Signature of the candidate (within the box given above)

Enclosures:

- 1. Copy of PG Permanent Degree Certificate
- 2. Copy of Admission letter issued by the University
- 3. Copies of the two six months progress reports for one year course
- 4. Certificates on candidate's Ph.D subject and topic duly signed by the Guide and Head of the Institution
- 5. Attendance and Course completion certificate (Original)
- 6. Copy of Hall ticket (incase of referred candidates only)
- 7. Certificate of course completion of one year period duly indicating the batch & date of admission, forwarded by the Guide and head of the Institution/ College.
- 8. Participation certificate of seminar cum workshop on research methodology issued by the Dr. NTRUHS.