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 Name of the Candidate (in CAPITAL Letters as in PG Degree Certificate without touching edges of boxes)

3 Father's Name (in CAPITAL Letters without touching edges of boxes)

4 Sex: **5 Exam Fee Paid:** **6 DD No., Date & Bank:** **7 Pre-Ph.D Regd. No. (To be filled by UHS)**

8 Date of Admission **9 Date of Completion:** **10 Attendance Percentage (%) (Can be rounded)**

11 Name of applied subjects:

12 Marks of Identification:

13 Signature of the Guide with stamp of the Institution:

14 Signature of the Head of the Institution with stamp:

15 Photo:

Paste recent Black & White Passport Photograph

Please do not staple or pin The photograph

Please do not sign on the 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.