Dr. N T R UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA – 08																
APPLICATION FORM TO REGISTER TO Pre-Ph.D EXAMINATION MONTH DECEMBER YEAR 2024 (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	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 Admissio	8 Date of Admission 9 Date of Completion: 10 Attendance Percentage (%) (Can be rounded)															
11 Name of applied	a 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								
14 Signature of the		Please do not sign on the Photograph														
									16 Signature of the candidate (within the box given above)							
Enclosures:1. Photos	tat conv of P	C Pormano	nt Deare	e Certi	ficato											

- Photostat copy of PGFermanent Degree Certificate
 Photostat copy of Hall ticket (in-case of referred candidates only)
 Demand Draft (Original)
 Attendance and Course complection certificate (Original)
 Photostat copy of Admission letter issued by the University.