Dr. N T R UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA - 520 008

APPLICATION FORM TO REGISTER TO : Pre Ph. D EXAMINATIONS
MONTH: May YEAR: 2017 (REGULAR/REFERRED)

(NOTE : READ INSTRUCTIONS OVERLEAF C. ULLY BEFORE FILLING THIS FORM)

SL. No. : (TO BE FILLED BY COLLEGE)

2. Name of the College & Address, Name of Institution

4. Name of the Candidate [in CAPITAL Letters as in PG Degree Certificate without touching edges of boxes]

5. Father's Name [in CAPITAL Letters without touching edges of boxes]

6. Sex:

7. Exam Fee Paid : Rs.

8. DD No & Date of payment :

Pre-Ph. D, Regd. No.

10. Date of Admission & Date of Completion :

11. Attendance Percentage (%) each year: (Can be rounded)

1. 2 3

12. Fill the Circle of your applied Subjects:

1. RESEARCH METHODOLOGY
2. SPECIALITY NAME

13. Marks of Identification :

14. Photo :

Paste recent Black & White Passport Photograph

Please do not staple or pin the photograph.

Please do not sign on the photograph

15. Left hand Thumb Impression of the Candidate :

16. Signature of the Guide Within the box given above.
(NO FACSIMILE TO BE USED)

STAMP OF THE INSTITUTION

17. Signature of the candidate
(within the box given above)