Dr. N T R UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA - 08



APPLICATION FORM TO REGISTER TO Pre-Ph.D EXAMINATIONS MONTH JULY YEAR 2018 (REGULAR/REFERRED) (NOTE: READ INSTRUCTIONS OVERLEAF CAREFULLY BEFORE FILLING THIS FORM)

1 Name of the Institution & Address:	\neg
2 Name of the Candidate (in CAPITAL Letters as in PG Degree Ce	rtificate without touching edges of
boxes)	
3 Father's Name (in CAPITAL Letters without touching edges of l	boxes)
4 Sex: 5 Exam Fee Paid: 6 DD No., Date & Bank: 7 Pro	e-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:	15 Photo:
	Paste recent Black &
	White
13 Signature of the Guide with stamp of the Institution:	Passport Photograph
	Please do not staple or pin The photograph
14 Signature of the Head of the Institution with stamp:	Please do not sign on the Photograph
2. Significant of the free free free free free free free fr	
	16 Signature of the candidate (within the box given above)
	(MITTING DOV PINCEL GROAC)

Enclosures:1. Photostat copy of PG Permanent Degree Certificate

- 2. Photostat copy of Hall ticket (incase of referred cadidates only)
- 3. Demand Draft (Original)
- 4. Attendance and Course complection certificate (Original)
- 5. Photostat copy of Admission letter issued by the University.