

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



## APPLICATION FORM TO REGISTER TO Pre-Ph.D EXAMINATION MONTH DECEMBER YEAR 2021 (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)

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

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

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

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### 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. 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.