Ph.D. Course Work Examination Form

Name of Candidate ..........................................................
Father’s Name ..............................................................
Mother’s Name ..............................................................
Course ...........................................................................
Branch ...........................................................................
Gender .............. Date of Birth __ __/__ __/__ __ __ __ Category .................

Permanent Address ___________________________
___________________________________
Pin Code __________

Mailing Address ___________________________
___________________________________
Pin Code __________

Mobile No. ___________________________
E-mail _____________________________

Details of the papers the candidate intends to appear for:

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<th>Paper</th>
<th>Paper Code</th>
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Declaration by the applicant

I hereby confirm and declare that the entries made above are true to the best of my knowledge and that they have been made in my own hand writing.

Date:

Signature of Candidate

Counter signature of Dean/ Director/ HOD of the faculty.