

Sr. No. _____

Roll No. _____

(To be assigned by the University)

SRI GURU RAM DAS UNIVERISTY OF HEALTH SCIENCES, SRI AMRITSAR**EXAMINATION FORM FOR DOCTOR OF PHILOSOPHY****Important Instructions:**

1. Examination form and fee should be submitted through the Registrar of the University.
2. All the Columns are mandatory and to be filled in neatly and legibly by the student in his/ her own handwriting.

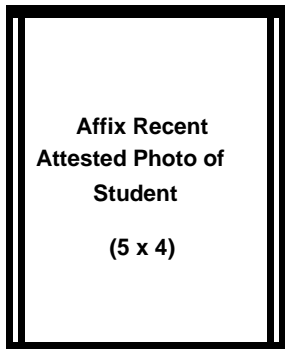
1.	a)	Specialty in which to be examined:					Affix Recent Attested Photograph of Student
	b)	Subject of thesis:					
	c)	Date of Submission of thesis:					
	d)	Whether your thesis has been accepted? If yes, state:					
		Letter No.	Date :	Name of University:			
2.	Centre of Examination:						
3.	Name (in BLOCK letters):						
	4. Regd. No.:			5. Male/Female:			
	6. Date of Birth:			7. Marital Status:			
8.	Father's Name(in BLOCK letters)						
9.	Mother's Name(in BLOCK letters):						
10.	Annual Family Income:						
11.	Do you belong to SC/ST/BC if yes, mention category						
12.	Permanent Home Address(in BLOCK letters):						
	Phone No.:			PIN:			
13.	Domicile:						
14.	Address for correspondence(in BLOCK letters)						
	Phone No.			PIN:			
15.	Title of the papers						
	a)			b)			
	c)			d)			
16.	For Fresh Candidates:						
	Exam Passed	Month	Year	Roll no.	University	Date of Completion of Internship	
	M.Sc.						
17.	FOR FAILED CANDIDATES			Month	Year	Roll No.	
	Appeared for the First time						
	Appeared for the Last time						
18.	Have you ever been disqualified from appearing in any examination or any case of unfair means is pending against you in any University/Board? If so, give details						
	Examination	Roll No.	Month	Year	Period of Disqualification	University/Board	
19.	I solemnly declare that the above particulars filled in by me are correct to the best of my knowledge and belief and if any discrepancy is found at any stage, I shall be responsible for the consequences.						

Date: _____

Signature of the Student

CERTIFICATE

Certified that the candidate:



- a) has passed at least six months previously the Postgraduate degree from _____ University _____ the which is recognized by the UGC/Medical/Dental Council of India.
- b) is medically fit and bears a good moral character;
- c) the statements made by the candidate in the application form are correct and he/she fulfils all the conditions laid down in the Ordinances/Regulations in force to appear in the examination.

Further certified that this University is recognized by the UGC/Medical/dental Council of India for imparting instruction for MD/MS/MCh/MDS/Ph.D. in the subject in which the candidate wishes to qualify.

Date: _____

Principal
(Signature and Stamp)

Note:

1. The University may accept examination form and fee ten days before the commencement of examination with the permission of the Worthy Vice-Chancellor and a late fee of Rs. 2000/-
2. In case of late declaration of result due to any reason, the examination form shall be accepted within 15 days of the publication of the result without charging any late/extra fee. Otherwise late fee shall be applicable as per current schedule (mentioned above).
3. The bank daft on account of fee should be in favour of Registrar, SGRDUHS payable at ASR.

SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

(Counter Foil)

Roll No.....
(To be assigned by University)

Affix Recent Attested
Photo of Student

(5 x 4)

1) Student's Name _____

2) Father's Name _____

3) Mother's Name _____

4) Student Address _____

Pin Code _____

Contact No. (Resi) (With Code) _____

(M) - _____

5) Examination _____ Year/ Prof _____ Session _____

6) Name of College/ Centre _____

In English

In Punjabi

Signature of Student

Signature of dealing official

Signature of Centre Superintendent



SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

Admit Card (Roll No.)

Roll No.....
(To be assigned by University)

Affix Recent Attested
Photo of Student

(5 x 4)

1) Student's Name _____

2) Father's Name _____

3) Mother's Name _____

4) Student Address _____

Pin Code _____

Contact No. (Resi) (With Code) _____

(M) - _____

5) Examination _____ Year/ Prof _____ Session _____

6) Name of College/ Centre _____

7) Subject in which appearing

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

In English

In Punjabi

Signature of Student

Controller of Examinations