Dr. Y S R UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA – 08

APPLICATION FORM TO REGISTER TO Pre-Ph.D EXAMINATION

MONTH DECEMBER YEAR 2023 (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)

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

4 Sex: **5 Exam Fee Paid:** **6 DD No., Date & Bank:** **7 Pre-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:

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.