



MONAD UNIVERSITY

Ph.D. Course Work
EXAMINATION FORM
SESSION

Roll No.....

Exam Fee Slip No.....

Paste Box-Sized Photograph of Candidate duly attested by Head of Department. Do not use pin or stapler Please enclosed

All entries must be filled by candidate himself/herself in capital letter, put ✓ for yes and X for No and "NA" where not applicable in the box. The Application form consists of three pages.

Two Identical Photographs

Along with

Application Form

SUBJECT:

(As entered in Secondary/Senior certificate)

NAME OF CANDIDATE

Signature of Candidate

FATHER'S NAME

MOTHER'S NAME

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GENDER

MALE

FEMALE

DATE OF BIRTH DD/MM/YY

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PERMANENT ADDRESS

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MAILING ADDRESS

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PIN CODE

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PIN CODE

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CITY..... STATE STD CODE.....

CITY..... STATE STD CODE.....

PH. NO..... MOB. NO.....

PH. NO..... MOB. NO.....

E-MAIL.....

E-MAIL.....

Any Change in address should be immediately communicated to the University

NATIONALITY

INDIAN

OTHERS (Specify the name of the country)

CATEGORY

GENERAL

SC

ST

OBC

PH

OTHERS

HAVE YOU EVER BEEN DEBARRED BY ANY UNIVERSITY/BOARD? NO

YES

If yes, give details.....

SUBJECT/PAPERS IN WHICH THE CANDIDATE IS APPEARING

COURSE CODE

NAME OF COURSE

1.

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2.

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3.

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Required Fees:

(a) Cash payment of Rs 3000/-

Cash receipt no.	Date

Or

(b) Demanddraft of Rs. 3000/-in favor of MONAD UNIVERSITY, Payable at HAPUR

Demand Draft Number	Name of Bank	Date	Issuing Branch

INSTRUCTION

1) Rs. 100 will be charged for issuing Duplicate Hall Ticket. 2) Applications received after the specified date will not be entertained. 3) Suppression or furnishing of any false information by a candidate will lead to immediate cancellation of his/her admission with no refund of fees. 4) There will be no refund of fee under any circumstances.

DECLARATION BY THE APPLICANT

I have read and understood the rules and regulations of the University and satisfied myself that I fulfill the eligibility conditions. I have furnished necessary information/document (s) correctly I shall submit any other documents (s) that may be required in future. I understand that my candidature is liable to be cancelled by the Monad University Hapur if the information/documents (s) submitted herewith is found incorrect or misleading. Further the University has full authority to take appropriate action which shall be acceptable to me. If any information submitted by me is found incorrect, the University has the authority to cancel the Degree any time.

Dated..... (DD/MM/YY)

Signature of Candidate



MONAD UNIVERSITY

Hall Ticket for Ph.D. Course work Examination

Session.....

Name of the Candidate:.....

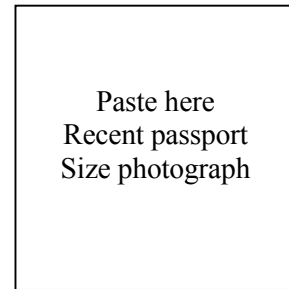
Father's Name:.....

Subject:

Examination Centre : Monad University, Hapur

Roll No. :

(To be filled by office)



Signature
Controller of Examination

Student's Signature:

DUPLICATE



MONAD UNIVERSITY

Hall Ticket for Ph.D. Course work Examination

Session.....

Name of the Candidate:

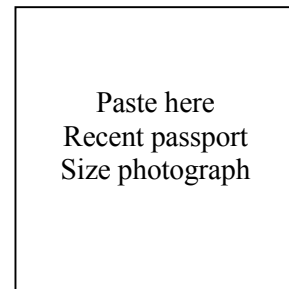
Father's Name:

Subject:

Examination Centre : Monad University, Hapur

Roll No. :

(To be filled by office)



Signature
Controller of Examination

Student's Signature:
