

MONAD UNIVERSITY

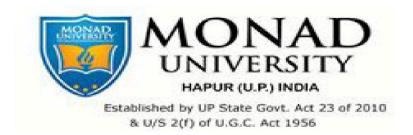
Ph.D. Course Work **EXAMINATION FORM** SESSION

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 **Two Identical Photographs** Along with "NA" where not applicable in the box. The Application form consists of three pages. Application Form Signature of Candidate **SUBJECT:** (As entered in Secondary/Senior certificate) NAME OF **CANDIDATE FATHER'S NAME MOTHER'S NAME** TRANSGENDER DATE OF BIRTH DD/MM/YY **GENDER** MALE **FEMALE PERMANENT** MAILING **ADDRESS ADDRESS PIN CODE PIN CODE** CITY..... STATE STD COD...... CITY..... STATE STD COD..... PH. NO...... MOB. NO..... PH. NO...... MOB. NO..... E-MAIL.... Any Change in address should be immediately communicated to the University **NATIONALITY** INDIAN **OTHERS** (Specify the name of the country) **OTHERS CATEGORY GENERAL** SC OBC HAVE YOU EVER BEEN DEBARRED BY ANY UNIVERSITY/BOARD? NO YES If yes, give details..... SUBJECT/PAPERS IN WHICH THE CANDIDATE IS APPEARING (Mention Name of Paper with Subject Code) NAME OF SUBJECT/PAPER 2. 3. DETAILS OF PREVIOUS EXAMINATION PASSED FROM UNIVERSITY/BOARD S.No. NAME OF EXAM ROLL NO. YEAR/SEMESTER **MARKS** NAME OF UNIVERSITY/BOARD PASS/FAIL **OBTAINED**

quired Fees:					
(a) Cash paymen	t of Rs 3000	/_			
sh receipt no.	Date				
			Or		
Demand draft of	Rs. 3000/-i	n favor of MONAD	UNIVERSITY,	Payable at HAPUR	
nand Draft mber	Na	nme of Bank	Date	Issuing Branch	
		I			
		INST	RUCTION		
			NOCTION.		
-	_			ications received after the specif	
	=	* *		e information by a candidate will fees. 4) There will be no refun	
under any circu			The relation of	If there are no folder	_ 5, 10
		DECLARATIO	N BY THE APP	LICANT	
I have read and	understood	the rules and regula	ations of the Unive	ersity and satisfied myself that I f	ulfill th
				ument (s) correctly I shall submit	
		•		stand that my candidature is liab	
		•		cuments (s) submitted herewith to take appropriate action which	
	_	•		me is found incorrect, the Unive	
the authority to	cancel the	Degree/Diploma any	time.		
			Г		7
Dated		(DD/MM/YY)			
			L		_
				Signature of Candidate	



Hall Ticket for Ph.D. Course work Examination

Session					
Name of the Candidate:					
Father's Name:					
Subject:	D. (1				
Examination Centre: Monad University, Hapur	Paste here Recent passport				
Roll No. :	Size photograph				
(To be filled by office)					
Student's Signature:	Signature Controller of Examination				
Hall Ticket for Ph.D. Course work Examinat	Y of 2010				
Name of the Candidate:					
Father's Name:					
Subject:					
Examination Centre: Monad University, Hapur	Paste here Recent passport				
Roll No. :	Size photograph				
(To be filled by office)					
	Signature Controller of Examination				
Student's Signature:					