UNIVERSITY OF MYSORE

Pareeksha Bhavan, Mysore -5

HALL TICKET for Ph. D ENTRANCE TEST
(To be filled in by the candidates appearing for the Entrance Test)

1. Name of the Candidate (In Block Letters):

2. Broad area of Research/Subject intending to pursue research:

3. Department /College/Institution where you intend to carry on research:

Signature of the Candidate

Signature of the Director of Research

Date:

……………………………………..

CUT HERE

Candidate’s Copy

Register No:

Affix Stamp

Size Photo

Signed Passport

Size Photo of the Applicant

Candidate’s Copy

Register No:
UNIVERSITY OF MYSORE

Pareeksha Bhavan, Mysore -5

APPLICATION FORM FOR APPEARING IN THE ENTRANCE TEST FOR Ph. D PROGRAMME IN………..

(Note: This form has to be filled by only those candidates appearing for Ph.D Entrance Test)

1. Name of the Candidate (in Block Letters):
   Date of Birth:  Gender: Male/Female

2. Address for Communication:
   E-Mail.  Phone/Cell No.

3. Category: SC/ST/Cat-I/OBC/GM (Enclose the required caste certificate if reservation is claimed)

4. Details of Post-graduate Degree Examination passed/Appearing:
   (Enclose the attested copies of Postgraduate Degree Marks Cards and certificate)

<table>
<thead>
<tr>
<th>Post Graduate Degree and Subject</th>
<th>Year of Passing/appearing</th>
<th>Percentage of Marks/Grade Secured</th>
<th>Specialization</th>
<th>University</th>
</tr>
</thead>
</table>

5. Specify: (a) Broad Area of Research/Subject intending to pursue research

   (b) Name of the Department/College/Institution where you intend to carry on research

6. Details of fee paid: Name of the Bank and Branch:
   DD/Challan No.  Date  Amount

I certify that the information furnished is true to the best of my knowledge.

Date:  Place:  

(Signature of the Candidate)
UNIVERSITY OF MYSORE
Pareeksha Bhavan, Mysore 570 005

APPLICATION FORM FOR Ph.D PROVISIONAL REGISTRATION IN.................
(Note: This form has to be filled by candidates intending to appear for Entrance Test and those who seek direct Provisional Registration for Ph. D with exemption from entrance test.)

1. Name of the Candidate( in Block Letters):
   Date of Birth:                                                               Gender:   Male/Female

2. Address for Communication:
   E-Mail. Phone/Cell No.

3. Category: SC/ST/Cat-I/OBC/GM:                   (Enclose the required caste certificate if claiming reservation)

4. Whether applied for appearing in Entrance Test? :       Yes / No

5. Whether cleared UGC JRF/UGC-CSIR JRF/GRE/ GATE/ NET /SLET ?:   Yes / No
   If yes, please specify : ........................   (Enclose photo copy of the relevant documents duly attested).

6. Details of Post-graduate Degree Examination passed:
   (Enclose the attested copies of Postgraduate Degree Marks Cards and certificate)

<table>
<thead>
<tr>
<th>Post Graduate Degree and Subject</th>
<th>Year of Passing/appearing</th>
<th>Percentage of Marks Secured</th>
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</thead>
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<tr>
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</tr>
</tbody>
</table>

7. Specify : (a) Broad Area of Research/Subject intending to pursue research.
   
   (b) Name of the Department /College/Institution where you intend to carry on research.

8. Details of fee paid: Name of the Bank and Branch:
   DD/Challan No.   Date   Amount

I certify that the information furnished is true to the best of my knowledge.

Place:                       (Signature of the Candidate)
Date:  