



K L University

Sr. No:.....

Regular / Supplementary

APPLICATION OF REGISTRATION FOR Pre - Ph.D EXAMINATION

Programme: Ph.D**Year Registered****Dept**

Month & Year of Examination:_____

SL. No.of ScholarLatest Passport size
attested photo to be
affixed here

Name as per SSC (in capitals)

Date of Birth

Day

Month

Year

Sex: M / F

Father / Guardian Name

Address for Communication

Phone No with STD Code :

Mobile No:

Subjects in which the Scholar is to appear:

S.NO	COURSE TITLE
1	
2	
3	

Particulars of Fee Paid :

Bank Name	Branch	DD / Challan No:	Date:	Amount Rs.

DATE:

SIGNATURE OF THE SCHOLAR



Sr. No:

DUPLICATE

K L University

HALL TICKET

Regular / Supplementary Pre - Ph.D Examination

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Latest Passport
size attested
photo to be
affixed here

Year Registered

Dept

SL. No.of
Scholar

Month & Year of Examination: _____

Name of the Scholar

Subjects registered for examination:

S.NO	COURSE TITLE
1	
2	
3	

Controller of Examinations

Signature of the Scholar



Sr. No:

ORIGINAL

K L University

HALL TICKET

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S.NO	COURSE TITLE
1	
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Controller of Examinations

Signature of the Scholar