



DR. SHYAMA PRASAD MUKHERJEE UNIVERSITY
Ranchi, Jharkhand.

EXAMINATION FORM
Ph. D. Course Work Examination

Department:

Faculty: Humanities/Sciences/Social Sciences

To
The Controller of Examination,
Dr. Shyama Prasad Mukherjee University,
Ranchi.

Affix Recent
Passport size
Photograph to be
duly attested by
the Head of the
Department

Sir,
I am a student of Ph. D. from the Department of enrolled in
the Year and wish to appear for the Ph. D. Course Work Examination in
Please grant me the permission to appear for the aforementioned Examination.

Signature of the Examinee

PARTICULARS OF EXAMINEE:

1. Name (in block letter):
2. Father's Name:
3. Date of Birth:/...../.....
4. Ph. D. Registration No.:
5. Present Address:
.....
.....
6. Permanent Address:
.....
.....
7. (i) Mobile No.: (ii) Email ID:
8. Applicant's Category: GEN/BC-I/BC-II/SC/ST:
9. Date on which Pre-Registration Seminar held:



DR. SHYAMA PRASAD MUKHERJEE UNIVERSITY
Ranchi, Jharkhand.

10. University Notification No. for permission of Ph.D. registration:

11. Please state whether you have already registered as a student of DSPM University.
(If yes, please write Registration No and Year of Registration):

12. Details of Last Examinations Passed: (Bachelor's degree onwards)

Name of the Examination	Board/ University	Subject Opted	Year of Passing the Exam	Percentage of Marks	Remarks, if any.

13. List of Enclosures:

- Xerox copy of Mark sheet along with Admit card of M.A./M.Sc. or Equivalent degree: Yes/No
- Xerox copy of NET/SLET/GATE/M.Phil./Ph.D. Entrance Test or Equivalent fellowship Certificate along with Admit Card: Yes/No
- Xerox copy of Caste/Income Certificate (If applicable): Yes/No
- Xerox copy of particulars of Course Work fee deposited: Yes/No
- Xerox copy of DSPM University Registration slip: Yes / No

14. Declaration:

I hereby declare that I have read the rules regarding the Ph.D. Course of the DSPM University and fully agree on it. I have maintained the minimum required attendance in the department. I further declare that to the best of my knowledge and belief, the particulars given in the form are correct.

Date:

Place:

Signature of the Examinee

Verified and Forwarded:

Signature of the Supervisor

Signature of Ph. D. Coordinator

Signature of Head of Department

