



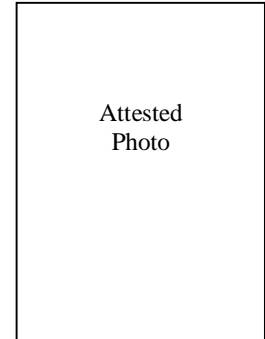
ACHARYA NAGARJUNA UNIVERSITY:: NAGARJUNANAGAR – 522 510, A.P.
RESEARCH CELL

M. Phil. Part – I /Pre. Ph. D Examination Application **October 2011**

1. Name & Surname of the Candidate (in capital letters): _____
2. Name of the Father/Mother _____
3. Date of Birth _____ Sex (Male/Female) _____
4. Name of the Subject: _____ Course: M.Phil/Ph.D.: _____
5. Indicate whether joined as Full-time/Part-time/FIP/Extramural:
6. Date of joining as Research Scholar:
7. Whether attended the earlier exams:

a. If attended earlier examinations, give the following details

First Attempt				Second Attempt			
Month & Year of Examination:	Marks obtained			Month & Year of Examination:	Marks obtained		
	Paper I	Paper II	Paper III		Paper I	Paper II	Paper III



8. Address for communication (Residential):
9. Qualifying examination passed and particulars :
10. Name of the Research Director: _____
11. Name of the Joint director, if any: _____
12. a) Field of research (Specialization):
b) Title of the research topic:

13. Titles of the papers appearing: (IN CAPITAL LETTERS ONLY)

Paper I	
Paper II	
Paper III: Seminar	

12. Date of NO-DUES Certificate from Principal's Office :

13. Examination fee particulars : Amount Rs.1,000/-
(Amount, date, DD Cell Receipt should be enclosed)

Encl: (1). DD Cell Receipt (2). Joining Report (3) No Dues Certificate from Principal Office
(4). Copy of the lower degree OD (5). Earlier Exams Marks Lists, if attended

Station:
Date:

Signature of the Candidate

I hereby certify that Sri/Smt. _____ is a bonafide Full time/Part-time/Extramural Research Scholar in the Department of _____. He/She completed the necessary course work in the selected research topic and he/she is eligible by completing the stipulated period to take M.Phil. Part-I/Pre.Ph.D. Examination to be held in October 2011.

RESEARCH DIRECTOR

HEAD OF THE DEPARTMENT

PRINCIPAL



To be retained by the Department (Duplicate)

Regd. No

ACHARYA NAGARJUNA UNIVERSITY
M.Phil./Pre.Ph.D.Part-I Examination
HALL TICKET

Subject:

Name of the Candidate (IN BLOCK LETTERS):

Name of the Research Guide:

Exam Centre allotted:	University College, Acharya Nagarjuna University
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Research Centre/Department:

Month and Year of Examination:

Photo of the Candidate attested by the concerned Head of the Department

Papers appearing:

Paper I : _____

Paper II: _____

Paper III: _____

Signature of the Head of the Department

Signature of the Research Scholar



To be issued to the Candidate (ORIGINAL)

Regd. No

ACHARYA NAGARJUNA UNIVERSITY
M.Phil./Pre.Ph.D. Part-I Examination
HALL TICKET

Subject:

Name of the Candidate (IN BLOCK LETTERS):

Name of the Research Guide:

Exam Centre allotted:	University College, Acharya Nagarjuna University
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Research Centre/Department:

Month and Year of Examination:

Photo of the Candidate attested by the concerned Head of the Department

Papers appearing:

Paper I : _____

Paper II: _____

Paper III: _____

Signature of the Head of the Department

Signature of the Research Scholar