Dr. Y S R UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA - 08



APPLICATION FORM TO REGISTER TO Pre-Ph.D EXAMINATION MONTH JUNE YEAR 2024 (REGULAR/REFERRED)

(NOTE: READ INSTRUCTIONS OVERLEAF CAREFULLY BEFORE FILLING THIS FORM)

1 Name of the Institution & Address:	
2 Name of the Candidate (in CAPITAL Letters as in PG Degree Certificate without touching edges of boxes)	
3 Father's Name (in CAPITAL Letters without touching edges of boxes)	
4 Sex: 5 Exam Fee Paid: 6 DD No., Date & Bank: 7 Pre-Ph.D Regd. No. (To be filled by UHS)	
8 Date of Admission 9 Date of Completion: 10 Atten	dance Percentage (%) (Can be rounded)
11 Name of applied subjects:	
12 Marks of Identification:	15 Dheter
	15 Photo:
	Paste recent Black &
	White
13 Signature of the Guide with stamp of the Institution:	Passport Photograph
	Please do not staple or pin
	The photograph
	Please do not sign on the
14 Signature of the Head of the Institution with stamp:	Photograph
	16.6%
	16 Signature of the candidate
	(within the box given above)

Enclosures:1. Photostat copy of PG Permanent Degree Certificate

- 2. Photostat copy of Hall ticket (incase of referred cadidates only)
- 3. Demand Draft (Original)
- 4. Attendance and Course complection certificate (Original)
- 5. Photostat copy of Admission letter issued by the University.