



SANT GADGE BABA AMRAVATI UNIVERSITY, AMRAVATI

(Enrolment form for pursuing Ph.D. Programme)

See Under Ord. 1 of 2016Clause B-2.2 (b)

		Acade	mic Year :	:					
To, Assistant Re Sant Gadge F Amravati		D. Cell) ati University,							
Details of Pa	yment for	Enrolment	fee : Ro	eceipt	No				Date
		Through: (Name of Res	earch C	Centre)				
Sir,									
course work for Name: First) Date of Birth: Father Name/H Address								(9	
				Nationality :					_
		l of Qualifying							
Qualifying Degi	ree :	Aggreg	ate Marks o	btained	d:	out	of :		CGPA
—— Name of Univer	eita i								
Name of College	-								
Degree Passed :	•							-	
Qualifying Test,									
Details of Test/	Examinatio	n passed :							
Test/ Examination		Year with date	Roll N	0.	Su	bject	Ma	Marks obtained	
					-				

DECLARATION

I hereby declared that the information given above is correct to the best of my knowledge
and collaborated with the documents furnished therein. I am aware that the provisions of the
MPUA, 2016 and Ord. 1 of 2016 are applicable to me and I will abide by the same. I am also aware
that the rules relating to examination are mutantis mutandis applicable to the Ph.D. programme
which I am willing to pursue.

	Above Information has been verified a found correct. Application is recommended for enrolment
()	recommended for enrolment
Name and Signature of the Candidate	

Head, Research Centre Signature with Seal and Stamp