



# SARVEPALLI RADHAKRISHNAN UNIVERSITY

## Ph. D. Entrance Exam Form

NH 12, HOSHANGABAD ROAD, JATKHEDI, BHOPAL (M.P.)  
E-mail: srkubhopal@gmail.com, Phone No. 0755-4700981

PLEASE PASTE  
PASSPORT SIZE  
PHOTOGRAPH  
(DO NOT STAPLE)

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE FILLING THE EXAMINATION FORM

PLEASE FILL IN BLOCK LETTERS

Candidate Name (In English)																		
Candidate Name (In Hindi)																		
FATHER'S/HUSBAND NAME																		
MOTHER'S NAME																		

DATE OF BIRTH         DD/MM/YYYY

ADDRESS FOR COMMUNICATION/POSTAL ADDRESS

\_\_\_\_\_

EMAIL ID.		PIN CODE						
MOBILE NO.								

Name of Faculty	
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Qualifying Exam Name : \_\_\_\_\_ MARKS OBTAINED \_\_\_\_\_ TOTAL MARKS \_\_\_\_\_ PASSING YEAR \_\_\_\_\_

FEES DETAILS DD/MM/YYYY

DD.No./RECIPT No.																			
NAME OF BANK																			

**Candidate Declaration:-**

- |      |   |
|------|---|
| i.   | I certify that this application has been filled by me and the information given here is correct and I shall be personally responsible for the same, if proved false later on.             |
| ii.  | I understand that if it is found later on that the information furnished above is false than my result of examination will be cancelled and action will be taken as per university rules. |
| iii. | I will follow all the rules, regulations of Examination as prescribed by the SRK University, Bhopal.  |

Date:

Candidates Signature

Note: Attach photocopy of qualifying examination mark-sheet.