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   D D / M M / Y Y Y Y

ADDRESS FOR COMMUNICATION/POSTAL ADDRESS

EMAIL ID.	PIN CODE
MOBILE NO.	
Name of Faculty	

Qualifying Exam Name :_____ MARKS OBTAINED_____ TOTAL MARKS _____ PASSING YEAR_____

FEES DETAILS

DD/MM/YYYY

DD.No./RECIEPT No.		DATE OF ISSUE	
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.