AISECT UNIVERSITY

ESTABLISHED UNDER SECTION 2(f) OF THE UGC ACT BY GOVT. OF M. P. ACT NO. 27 OF 2010, LOCATED NEAR BHOPAL

PH.D. COURSE WORK EXAMINATION FORM
(JULY 2017)

Affix passport size photo duly attested by Faculty Head

Instructions:

1. Use Capital Letters in Boxes.
2. If form is not duly filled, it will be rejected.

NAME OF DEGREE

Name of Examinee (Name in English, should be as per mark-sheet of qualifying exam)

SURNAME:

NAME:

FATHER'S NAME:

MOTHER'S NAME:

ADDRESS:

Mobile No/Tel.:

E-Mail: _____

Subjects Details

S.No.	Title of the Subject
1	
2	

CANDIDATE'S DECLARATION:

1. I certify that this examination form has been filled by me and the information given therein is correct and I shall be personally responsible for the same if proved false later on.
2. I also certify that I am appearing as a candidate, only in the examination being conducted by AISECT University, Raisen (M.P.)
3. I further declare that I am neither a regular student of any other Education Institution nor appearing in any other Examination as regular candidate.
4. I understand that if it is found later on that the information furnished above is false then my result of examination will be cancelled.
5. I assure you that I will complete the requirement of attendance and sessional work prescribed for the course of my registration. Kindly permit me to appear in the examination to be held in (sem.)……I accept to abide by all the rules and regulations of study and examination as prescribed by the Dept./institution and AISECT University, Raisen (M.P.)
6. I have read the relevant ordinance applicable to be and have completed all the requirements as given in it. I have completed my studies and have no objection in appearing in examination on the date declared by the University.

Place: ……

Candidate's Signature ……

Date: ……..

Full Name……

Research Coordinator Signature
AISECT University