

Serial No:

Every Column to be carefully filled in by the candidate

Name of Department.....Amount Rs.....  
Date of Payment.....Pay in-slip No:.....



SREE SANKARACHARYA UNIVERSITY OF SANSKRIT, KALADY

APPLICATION FOR REGISTRATION

Ph.D Coursework Examination .....20.....

Centre And Place of Examination (Block Letters)		
Name of Candidate	In English (In Block Letters)	
	In Mother Tongue	
Name of Research Guide		
Age and Date of Birth		Sex
Permanent Address	Address to which Communications are to be sent	
The year in which and the Centre through which he/she was registered as a Matriculate of this University		
Year of passing the M.A, M.Sc. Degree Examination, Register Number & Name of University		
Date of award of the M.Phil Degree, if any		

Details of the papers for which the candidate is appearing	Elective subjects chosen
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Station:

Date:

Signature of the Candidate

<ul style="list-style-type: none"> <li>I hereby certify that the entries made have been verified by me and I have found them to agree with those in the records of this Department.</li> </ul>		
Date:	Designation Seal	Signature of the HoD

**INSTRUCTIONS TO CANDIDATES**

1. Applications for admission to the examination and the University pay-in-slip for prescribed fee must be forwarded so as to reach the Pro-Vice Chancellor on or before the last date prescribed.
2. The Fee must be paid in the respective University Centres/Department. The fee once paid, will not be refunded in any circumstances.
3. Application received after the due date will be summarily rejected.

*(All entries except the Register Number are to be filled by the Candidate)*

**HALL TICKET**

**SREE SANKARACHARYA UNIVERSITY OF SANSKRIT, KALADY**

Ph.D Course work Examination .....20.....

Centre of Examination

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Name

Register Number

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Subject Code

Name of Paper (Core)/Elective

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Signature of the Candidate

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Pro-Vice Chancellor