



**PUNYSHOLK AHILAYDEVI HOLKAR SOLAPUR UNIVERSITY, SOLAPUR**  
**M.Phil./Ph.D. Degree Course Work Examination Form**

**TO,  
THE DIRECTOR,  
PUNYSHOLK AHILAYDEVI HOLKAR SOLAPUR UNIVERSITY,  
SOLAPUR.**

Sir,

I request permission to present myself at the ensuing Examination for the M.Phil./Ph.D. Degree Course.

**I. EXAMINATION PARTICULARS**

I offer to be examined in the following paper/s :-

\* Paper – I \_\_\_\_\_

\* Paper – II \_\_\_\_\_

\* Paper – III \_\_\_\_\_

\* Paper – IV \_\_\_\_\_

\* (Give the detail titles of Paper – I, II , III & IV)

I have passed the Paper I/II/III/IV with Seat No. ----- in Year-----

**II. PERSONAL PARTICULARS**

- 1) Name in full in CAPITAL LETTERS : -----  
( as per Degree Certificate )
- 2) Also in Devanagari Script : -----
- 3) Male or Female : -----
- 4) College or Institution Research : -----  
Centre/Place where the candidate  
has kept terms for the Examination
- 5) Date of passing the UG degree : -----  
examination with name of the  
University
- 6) Date of passing the Post- : -----  
graduate examination

7) Month & Year of Registration as M.Phil/Ph.D. : .....

student of this University.

8) Permanent Residential Address : .....

.....

.....

9) Name of the Guide with mobile no. & Email ID : .....

.....

Exam.	Seat No.	Year	Research Centre
M.Phil/Ph.D.			

.....

10) Last Apperance

13 Last appearance

All above information is correct and if found false I will be responsible for my Educational loss.

Signature of Research Student

**III. CERTIFICATE TO BE SIGNED BY THE Guide and HEAD OF THE DEPARTMENT/INSTITUTE**

I certify that Shri /Smt. \_\_\_\_\_  
has taken instructions for the theory portion from me as a regular student.

Signature of Guide

Signature of Head of the Department/Principal



**PUNYSHOLK AHILAYDEVI HOLKAR SOLAPUR UNIVERSITY,  
SOLAPUR**

**M.Phil./Ph.D. Degree Course Work Examination**

## **Hall Ticket**

passport size  
photograph  
dully  
attested by  
head of institute

- 1 **Name (In Block Letters)** : .....
- 2 **Name of the Examination** : .....
- 3 **Centre of the Examination** : PUNYSHOLK AHILAYDEVI HOLKAR SOLAPUR  
UNIVERSITY, SOLAPUR
- 4 **Name of the Subjects** : .....
- 5 **Name of the Papers** : 1. ....  
2. ....  
3. ....  
4. ....

**Signature of the Candidate**

**Signature of Head of the  
Department/ Principal**