



PUNYSHOLK AHILAYDEVI HOLKAR SOLAPUR UNIVERSITY,
SOLAPUR

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

To,
The Director,
Examination and Evaluation
Punyashlok Ahilyadevi 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 :

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

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

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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