

KANNUR**UNIVERSITY**

Sl. No. 0102

Passport size Photograph of the Candidate	Reg. No.	Details of fee remitted		
	<input type="text"/>	Amount Rs.	Chalan No.	Date of remittance
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Treasury	<input type="text"/>		
Signature of Candidate (To be signed in the presence of the Identifying Officer)				
Name and Designation of the Identifying Officer }				

**APPLICATION FOR REGISTRATION FOR THE Ph.D PRELIMINARY
 QUALIFYING EXAMINATION.....200.....**

1. Name of the Candidate	
2. Age and Date of Birth	
3. Religion, Community & Nationality	
4. (a) Occupation if any,	
(b) Permanent Address with Telephone No.	
(c) Present Address with Telephone No. (Address to which communications are to be sent)	

5.

University Exam Passed (Name to be specified)	Name of University	Subjects	Year of Passing	Class Obtained	% of Marks
(i) Post Graduate					

6. Whether the applicant is a full time or
Part time Research Candidate

7. Subject and Topic of Research (In block Letters)	
8. Name of the Department / Institution where the Candidate is doing the Research Work	
9. No. and Date of Research Registration Order	
10. Date of joining for the Research Programme	
11. Name and address of the Supervising Teacher with Phone No.	
12. Whether copy of the Registration order is attached	
13. Whether the candidate has paid the fee for all terms	
14. Whether 4 copies of the Written Account are enclosed: (For Non Science Students)	
15. If extension of time is granted for submitting the Abstract, Specify Order No. and Date	
16. Whether there has been a change of Guide	
17. a) Whether any change of Topic/Title has been effected after the registration. If so furnish details	
b) Whether there has been a conversion of Registration	
18. The year in which and the college through which he/ she has registered as matriculate of the Kannur University. If not., whether enclosed Matriculation/ Recognition application with prescribed fee.	
19. Recommendation of the Head of Department of the Institution	
20. Any other relevant details	

I hereby declare that all the relevant columns have been filled in and that the entries made above are correct to the best of my knowledge.

Station : _____ Date : _____ Signature of the Candidate

I hereby recommended the application for the further necessary action.

Date: _____ Seal _____ Name and Signature of the Guide with
No. and Date of Registration of the Guideship

I hereby certify that the particulars given above are true to the best of my knowledge and the candidate has completed the prescribed time limit for the submission of Dissertation/Written Account/Registration for the Preliminary Examinations.

Date : _____ Seal: _____ Signature of the Head of the Department/
Research Centre

KANNUR UNIVERSITY

HALL TICKET

Ph.D Preliminary Qualifying Examination.....

.....200.....

Name of the Candidate.....

(In block letters)

Date of birth.....

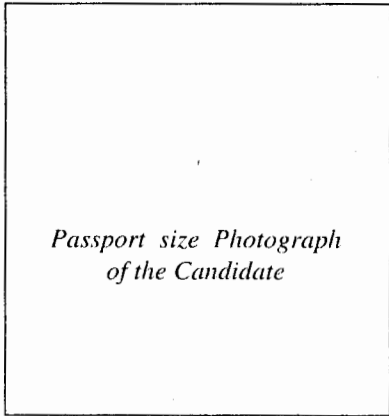
Subject and Topic of Research.....

Centre of Examination.....

Details of Examinations for which the candidate is appearing now.....

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Identifying Officer's
Name, Designation
and Address

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}.....
}.....
}.....

Signature of the candidate.....

Signature of the identifying officer
(Supervising Teacher)
with Seal