

# MAHARISHI MARKANDESHWAR (DEEMED TO BE UNIVERSITY)

## Ph.D. Course Work Examination Form

College/Instt./Deptt. Roll No.   
(To be filled in by the Candidate)

University Roll No.   
(To be assigned by the University)

Admission Form For   
(Name of the Course)

Branch

System : Semester

Yearly

Examination : Annual

Supplementary

**Examination Fee deposited/paid (As per ordinance) : Rs. ....Dated.....**

*Note: The dates for submission of Examination Admission Form with and without late fee as well as Commencement of the examinations are notified to the Principal/Director/Head of the concerned College/ Instt./Deptt.*

(To be filled in by the Candidate in his/her own hand writing)

All candidates male or female should affix the attested Photograph here with gum.

(Space for Photo)

1. Whether fail or place in reappear

2. Registration No. of M.M. University

3. Male or Female

4. Medium of Examination

5. Name (in block letters) English

Hindi

6. (a) Father's Name(in block letters) English

Hindi

(b) Mother's Name(in block letters) English

Hindi

7. Examination already passed which makes the candidate eligible for admission to \_\_\_\_\_  
Year \_\_\_\_\_ Roll No. \_\_\_\_\_ College/Institute from which passed \_\_\_\_\_  
Marks Obtained \_\_\_\_\_ Division \_\_\_\_\_

7. Subject(s) in which appearing

1		2		3		4	
5		6		7		8	
9		10		11		12	

8. Do you belong to Scheduled caste/Tribe/Backward Class/Physical Handicapped Category/ State Yes or No(as the case may be)

.....

9. Are you blind,deaf or permanently disabled for writing with your own hand? State Yes or No (as the case may be)

.....

10. Have you ever been disqualified by this or any other University/Board? If so, give particulars in the following columns:

Examination	Year	Roll No.	Period of Disqualification	University/Board

Whether any case of Unfair Means is pending against you? Yes  No.

If yes, Class/Exam ..... Roll No. .... Year

11. Are you appearing in simultaneously in any other examination(s) of another University/Board?

If yes, indicate Class/Exam ..... Name of University Board.....

Roll No. .... Year/Session .....

12. Particulars of lower Examination in which appearing for re-appear simultaneously

Name of Examination Passed	Month	Year	Roll No.	Result with marks (if pass)	Re-appear paper code
Sem/Year(.....)					
Sem/Year(.....)					
Sem/Year(.....)					
Sem/Year(.....)					
Sem/Year(.....)					
Sem/Year(.....)					
Sem/Year(.....)					
Sem/Year(.....)					

Note : Students of Final Semester/year are advised to attach Photo Copies of lower semester/year exams, duly attested by the Principal/Director/Head of the College/Instt.Deptt.

I solemnly declare that the particulars filled in by me are correct and that in case of any discrepancy found therein, I shall be responsible for the consequences.

Dated.....200....

.....  
Signature of the Candidate

Permanent Address

.....  
.....  
.....

Correspondence Address

.....  
.....  
.....

## CERTIFICATE

I certify that the candidate.....  
S/o/D/o Sh.....

- (a) bears a good moral character, and
- (b) has completed the prescribed percentage of attendance in theory & practical etc. as per the relevant ordinance.
- (c) has carried out and acquainted himself/herself, to my satisfaction, with the Laboratory and Sessional work etc. covered during the semester/year and periodical tests held in the College/Instt./Deptt. from time to time.
- (d) has previously appeared in this examination under Roll No. .... in ..... as a regular student of this College/Instt./Deptt. and failed/got re-appear in subject(s).....
- (e) he/she has satisfied me by production of authentic documents that the particulars filled in by him/her are correct and he/she has signed the admission form in my presence.
- (f) **he/she has been found eligible for appearing in the examination as per relevant ordinance.**

Dated.....

.....  
(Signature of the Principal/Director/Head)  
with office seal

### DIRECTIONS FOR GUIDANCE OF CANDIDATES

College/Instt/Deptt Roll No.....

1. Roll No with Date-Sheet will ordinarily be sent to the Principal/Director/Head of the College/Institute/Deptt., 10 days before the commencement of the Examination.
2. Candidate must appear at the centre allotted to the Institution as a whole, unless otherwise specially ordered by the Controller of Examinations.
3. In case of any wrong statement in the examination form or suppression of facts, the candidate will be responsible for the consequences which might to cancellation of candidature and other disciplinary action under the Rules and Regulations of the university in force.
4. Intimation regarding result will be sent to the Principal/Director/Head of the College/Instt/Deptt (in case of regular candidates).
5. Photo copy of the lower Examination must be attached with the Examination form.

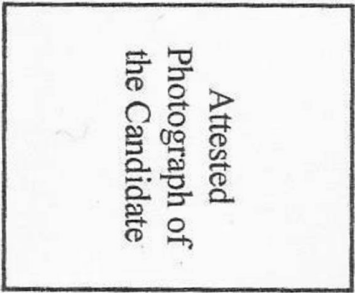
*Note: The candidate must fill in the complete/correct particulars of Lower exam to avoid unnecessary delay in the declaration of Result. The result of such a candidate who fails to fill in the complete particular or fill in wrong particulars may be withheld/delayed.*



*(For Centre Superintendent)*  
MAHARISHI MARKANDESHWAR (DEEMED TO BE UNIVERSITY)  
MULLANA-AMBALA

**Roll No.Slip-cum-Admit Card**

Class/Course: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Exam: Sem./Annual \_\_\_\_\_  
Month : Dec/June: \_\_\_\_\_ Year: \_\_\_\_\_  
Roll No.....  
Regn. No. ....  
Name .....  
Father's Name .....  
College/Institute .....  
Centre of Exam .....



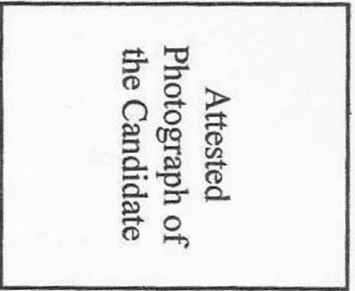
Controller of Examinations

Signature of Candidate .....

*(For Student)*  
MAHARISHI MARKANDESHWAR (DEEMED TO BE UNIVERSITY)  
MULLANA-AMBALA

**Roll No.Slip-cum-Admit Card**

Class/Course: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Exam: Sem./Annual \_\_\_\_\_  
Month : Dec/June: \_\_\_\_\_ Year: \_\_\_\_\_  
Roll No.....  
Regn. No. ....  
Name .....  
Father's Name .....  
College/Institute .....  
Centre of Exam .....



Controller of Examinations

Signature of Candidate .....

*(This slip is to preserved by the candidate and to be shown to the duty staff on demand, on any day of the examination)*