



EDUCATING WITH A DIFFERENCE

arunachal
university of studies

Established by the Government of Arunachal Pradesh

Exam Fee Slip No.

Ph.D. Course Work Examination Form

Session.....

Name of Candidate

Father's Name

Mother's Name

Course

Branch

Gender

Date of Birth __ __/__ __/__ __ __

Category

Paste here Recent
passport Size photograph.
Do not use pin or stapler.

Permanent Address _____

_____ Pin Code _____

Mobile No. _____

E-mail _____

Mailing Address _____

_____ Pin Code _____

Mobile No. _____

E-mail _____

Details of the papers the candidate intends to appear for :

| Paper | Paper Code | Paper Name |
|-------|------------|------------|
| | | |
| | | |
| | | |

Declaration by the applicant

I hereby confirm and declare that the entries made above are true to the best of my knowledge and that they have been made in my own hand writing.

Date :

Signature of Candidate

Counter signature of Dean/ Director/ HOD of the faculty.