



# ANDHRA UNIVERSITY DIRECTORATE OF ADMISSIONS

FORM-R3

ORIGINAL

Registration No.

APPLICATION FORM FOR Ph.D. ADMISSION under EXTRAMURAL / Project or National Fellowship

Last date for receipt of filled-in applications without fine: 19-12-2016 (5 p.m.);

With late fee of Rs. 1,500/- , 26-12-2016 (5 p.m.)

Note: Admission into Ph.D. degree shall be made in accordance with guidelines specified in the Research admission information Brochure. Strike off whichever is not applicable and put a ✓ mark wherever necessary. Each application should be accompanied by a D.D. of Rs. 1000/- drawn in favour of The Registrar, A.U.Common Entrance Test & Admissions, Visakhapatnam on any Nationalised Bank, payable at Visakhapatnam.

Affix attested recent Passport size photo

1. Particulars of Registration Fee:

Amount: Rs. ....D.D.No. .... Date: ..... Name of the Bank: .....

2. Subject Code & Name

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3. Name of the Applicant (in Capital Letters) (As per S.S.C. or equivalent) :

SURNAME	NAME

4. Name of the Father / Mother :  
(Guardian, if parents are not alive)

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5. Gender:

Male

Female

6. Date of Birth:

DATE

MONTH

YEAR

7. Residential status:

Local

Non-local

Other State

8. Reservation Category:

SC	ST	BC-A	BC-B	BC-C	BC-D	BC-E	PH

9. Particulars of Qualifying Examination (Attested Xerox Copies of the Marks statements & PC must be enclosed. Otherwise the application will be Rejected)

Qualifying P.G./M.Phil. Degree	Subject studied / Specialization	Percentage of Marks / CGPA	University	Year of Passing

10. Whether applied under Extramural / Project or National Fellowship  
Write the details :

11. Permanent Address:

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.....  
.....

12. Address for Correspondence:

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

PIN code:.....Ph.No.....

PIN code:.....Ph.No.....

Email : .....

Mobile No : .....

**13. Particulars of Research Guide / Institution :**

- (a) Name of the organisation in which the candidate is at present working. (for EMR only) : .....
- (b) Whether the Institution is recognized by A.U.\* (for EMR only) : .....
- (c) Name and designation of the internal guide from the parent organization. (for EMR only) : .....
- (d) Whether the internal guide is recognised by A.U.\* (for EMR only) : .....
- (e) Name of the Research guide in the University department under whose guidance the candidate prefers to work. : .....
- (f) Service particulars\* (for EMR only) : .....
  
- (g) No objection certificate\* from the employer (for EMR only) : .....**Yes / No**.....

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\*Copies of the relevant certificates must be enclosed.

**DECLARATION BY THE CANDIDATE**

I here by declare that the particulars given in items 1 to 13 above are correct. In the event of any information being found false, I declare to forego my admission forthwith.

**Date:**

**Signature of the candidate**



# ANDHRA UNIVERSITY DIRECTORATE OF ADMISSIONS

**FORM-R3**

**DUPLICATE**

Registration No.

**APPLICATION FORM FOR Ph.D. ADMISSION under EXTRAMURAL / Project or National Fellowship**

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Affix attested  
recent  
Passport size  
photo

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SURNAME	NAME

4. Name of the Father / Mother :  
(Guardian, if parents are not alive)

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5. Gender:

Male <input type="checkbox"/>	Female <input type="checkbox"/>
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6. Date of Birth:

DATE	MONTH	YEAR
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7. Residential status:

Local <input type="checkbox"/>	Non-local <input type="checkbox"/>	Other State <input type="checkbox"/>
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