



MEWAR UNIVERSITY

GANGRAR-CHITTORGARH

EXAMINATION FORM

Course/ Semester: Ph.D. Course Work Exam Month & Year:

Please tick (✓) appropriate box ☐ MAIN ☐ BACK

Department Name :

Course - Branch Name :

Enrollment No. :

Student's Name :

Father's Name :

Date of Birth :

Student Permanent :

Address (Change If Any) :

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PHOTO

Signature of Student

Please allow me in the following paper

Sr. No.	Course	Paper Name	Paper-Code	Paper-Type – Theory / Practical
1				
2				
3				

DECLARATION

I, Son/Daughter hereby declare that all the above information are true and correct to the here of my knowledge, if any information is found false or incorrect the University shall be free to cancel my Examination form. I will aside my all the examination rules and regulation of the University.

Place:

Signature of Student

Date:

Mobile No.

No Dues/Clearance From Account Department

It is hereby declared that student Son/Daughter of does not have any dues including University fees/Hostel fees/Bus fare/Exam fees.

Sign of Dean/Exam Head

Sign of Account Head

Controller of Examination

*Students with Back should fill the separate Examination Form for Back papers.