

# UNIVERSITY OF LUCKNOW

Rs. 10/-

(FACULTY OF ARTS)

No. Examination Form for the Degree of Doctor of Philosophy  
**APPLICATION**

Affix photograph  
duly Attested by  
the Head of the  
Deptt

To,  
THE REGISTRAR  
UNIVERSITY OF LUCKNOW  
LUCKNOW.

Sir,  
I request Permission to present my self at the next Examination for the Degree of Doctor of Philosophy in  
(Subject).....The fee of Rupees.....  
the required certificate and particulars are forwarded herewith . I enclose herewith three Printed/Type written  
copies of a thesis embodying result of my investigation and indicating what portion of result I consider to be my  
own.

I am etc.

The.....20.....

(signature of candidate in full)

## PARTICULARS TO BE FILLED IN BY CANDIDATE

1. Name of candidate (In English).....  
(Name in Hindi).....
2. University Enrolment No. ....
3. Permanent address to which communication should be sent.....  
.....
4. Local Address.....  
.....
5. Father's Name .....
6. Whether the candidate comes from a rural or urban area.....
7. Married/Bachelor or Widower.....
8. State Nationality.....
9. Date of birth according to H.S. certificate.....
10. Date of regular admission to the ph.D.....
11. Subject under which candidate wishes his thesis to be considered.....
12. Title of thesis (In block letters).....  
.....  
.....
- Title the Hindi.....
13. Date of approval of the Title of thesis by the faculty.....
14. (a) Passed the Master of Arts examination of the University of  
.....  
In the year.....in.....Division in (Subject).....  
passed the pre-Ph.D. test on.....
- (b) Passed the M.A Examination of the University of.....  
in the year.....in (subject).....
15. Date of passing Proficiency certificate Examination in.....in.....  
from.....University.

\*Urban area means Muncipal, Cantonment, Notified and Small Town Committee Area, the rest are rural areas.  
For candidates applying for D. Litt. Examination.

# CERTIFICATES

I certify that the applicant after taking the degree of M.A. of the University of .....in.....has pursued his researches for Doctor's Degree in or under the Supervision of the University for not less, than two / four academic years before presenting thesis.

**(Signature of Supervisor)**

.....  
The.....20..... (Signature of Head of Department of.....)

I certify that the above named candidates has been duly enrolled as a member of the university of Lucknow, that he/she has full filled the conditions laid down under the ordinance for the degree of Doctor of Phylosphy that I know nothing against his/her character which ought to deber him/her from the Examination and that I believe the sub-joined account to be true.

.....  
The.....20..... (Signature of the Dean, Faculty of Arts)

**Certified that the Examination fee of Rs.....has been receive, vide receipt No. ....dated.....20.....**

Cashier

Asstt. Registrar (Accounts)