



MOTHERHOOD UNIVERSITY, ROORKEE
APPLICATION FORM FOR OBTAINING PROVISIONAL DEGREE CERTIFICATE
for Ph.D Research Scholar

(To be filled in by the applicant. Before filling in the form, see instructions)

1. Batch:
2. Faculty of:
3. Thesis Topic:

4. Enrollment No.:
5. Registration No.:
6. Passing Year,,,,,,
7. Name of Applicant:.....
8. Father' Name :.....
9. Permanent Address.....
P.I.No.....
 Email..... Contact No.....

Declaration: I solemnly declare that the particulars given above are correct to the best of my knowledge. I also understand that if the information provided by me in the form is incorrect, incomplete or false, my application will be rejected upon detection at any stage.

Date...../...../.....

(Signature of Applicant)

(Signature & seal of Director Research)

INSTRUCTIONS:

1. Attach Photostat copy of the Mark-sheet and declaration letter issued by the Directorate of Research office.
2. All the required particulars should be carefully filled in by the applicant him/her self. Examination Dept. will not be responsible for any delay in case the form is incomplete.
3. University PDC Fee of **Rs.500.00**
4. Fees not refundable and not adjustable in any case.

FOR OFFICE USE

Fee Receipt No.....Amount.....500/-.....

Date...../...../.....

Authorized Signature
(Accounts Department)

Issued Date...../...../.....

Authorized Signature
(Examinations Department)