

Sl. No.:

Date:



MAHARAJA BIR BIKRAM UNIVERSITY
 AGARTALA, TRIPURA, INDIA, PIN:799004
Ph.D. Course Work Examination Application Form

Name of the Examination	Name of the Department
Ph.D. Course Work Examination _____	

Applied for the Course		Photo (To be pasted by the Candidate)
Name of the Candidate		
Applied For	Regular Exam: <input type="checkbox"/> Back paper Exam: <input type="checkbox"/>	
Semester		
Father's Name		
Mother's Name		
Gender	Male: <input type="checkbox"/> Female: <input type="checkbox"/> Transgender: <input type="checkbox"/>	
Mobile No.		
e-mail		
Roll No.		

Subjects/ Papers in which to appear:			
Sl. No.	Paper Code	Name of the Paper	Credit

Signature of the Candidate

**** Candidate must submit previous Examination Marksheet (if any) along with the application form.**

For Office Use Only

Date:

Signature of the HOD/In-Charge
With seal