



**KARNATAK UNIVERSITY, DHARWAD**  
**Application for Ph.D. Course work end (Repeaters)**  
**Examination October, 2018**

1	Name of the Candidate	
2	Name of the Department / College	
3	Male / Female	
4	Category	
5	Ph.D. Registration Number Date and Year	
6	Area of Research	
7	Title of the research Topic	
8	Subject for which appearing	1.
		2.
		3.
9	Medium	Kannada / English
10	Chelan No. & date 1.Exam. Appil. Fee _____ 2.Marks Card Fee _____ 3.Examination Fee _____	

\* Specify the title of the paper

Signature of the candidate

This is to certify that Mr./Ms. \_\_\_\_\_ Has kept the requisite attendance and is eligible for Ph.D. course work examination. Further, I certify that particulars furnished by the candidate in the application are verified and found correct.

Date:  
Place:

Signature of Head of the Department