



UNIVERSITY OF MYSORE
APPLICATION FOR PH.D ENTRANCE EXAMINATION REVALUATION

Registration No: -----

Name of the Candidate (Block letters): -----

Phone/Mobile No : -----

Email.ID : -----

Postal Address: -----
(Block letters) -----

Subject : 1. ----- 2. -----

Date of Examination : -----

BANK DETAILS FOR FEE PAYMENT

Amount Paid : -----

Challan : -----

Name of the Bank : -----

Date : -----

Candidate Signature

Date :

Place :

Encl : 1. Challan
2. Result Sheet