



# SRI SIDDHARTHA ACADEMY OF HIGHER EDUCATION

Accredited 'A' Grade by NAAC

Ph.D by Research Course Work Examinations

SSAHE Exam Copy

Admission Ticket for : Ph.D  (Medical.)

1. University Seat No:

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2. Name of the candidate:

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Paste (do not pin)  
passport size  
photograph in this  
space and get it  
attested by  
Principal / Head of  
College / University  
last attended or a  
Gazetted Officer

3. Research Centre: **Sri Siddhartha Medical College, Tumkur**

4. Name of Guide: \_\_\_\_\_ Cell No(Guide): \_\_\_\_\_

5. Exam Centre: **Sri Siddhartha Academy of Higher Education, Tumkur,**

Branch: \_\_\_\_\_

6. Subjects Applied:

.....  
Candidate Signature

GROUP	SUBJECT TITLE	*ATTEMPT	\$ EXAM DATE
1	Research methodology		06/04/2021
2	Medical microbiology		09/04/2021

**Examination Timings: 10.30 am to 1.30 pm**

### Declaration by the Candidate

- I declare that all the information given by me true and authentic to the best of my knowledge and belief
- I have read the instructions carefully and agree to abide by the rules and regulations of admissions

\_\_\_\_\_  
Signature of the Candidate

### CERTIFICATE

This is to certify that Mr. / Ms. \_\_\_\_\_ bearing USN: \_\_\_\_\_ is a student of the college and he / she may be permitted to register for the examination. He / She shall satisfy the conditions of admission requirements, minimum attendance & above mention attempts as prescribed by the University before writing the examination, failing which his/her application may be rejected.

\_\_\_\_\_  
Signature of the Principal with College seal and date

\_\_\_\_\_  
Signature of the Guide  
(With college seal)

\_\_\_\_\_  
Controller of Examinations / Research Coordinator

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April - 2021 –Pre-Ph.D Exams



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Paste (do not pin) passport size photograph in this space and get it attested by Principal / Head of College / University last attended or a Gazetted Officer

3. Research Centre: **Sri Siddhartha Medical College, Tumkur.**

4. Name of Guide: \_\_\_\_\_ Cell No (Guide): \_\_\_\_\_

5. Exam Centre: **Sri Siddhartha Academy of Higher Education, Tumkur .**

Branch: \_\_\_\_\_

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\_\_\_\_\_  
*Signature of the Principal with College seal and date*

\_\_\_\_\_  
*Signature of the Guide*  
(With college seal)

\_\_\_\_\_  
*Controller of Examinations / Research Coordinator*

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Candidate Copy

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College / University  
last attended or a  
Gazetted Officer

3. Research Centre: **Sri Siddhartha Institute of Technology, Tumkur**

4. Name of Guide: \_\_\_\_\_ Cell No (Guide): \_\_\_\_\_

5. Exam Centre: **Sri Siddhartha Academy of Higher Education, Tumkur.**

Branch: \_\_\_\_\_

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Signature of the Principal with College seal and date

\_\_\_\_\_  
Signature of the Guide  
(With college seal)

\_\_\_\_\_  
Controller of Examinations / Research Coordinator

April - 2021 –Pre- Ph.D

Candidate Present Postal Address:-

To, .....

.....

.....Mob No.....