**OFFICE COPY**

**(To be brought by candidate at the time of exam)**

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| **logo.jpg** | **CHILDREN’S UNIVERSITY**  SubhashChandra Bose Shikshan Sankul, Sector – 20,  Gandhinagar – 382021, [www.cugujarat.ac.in](http://www.cugujarat.ac.in)  **Admit Card / Hall Ticket for Ph.D. Entrance Test – ……….**  **Test Centre – University Campus, Gandhinagar**  **Test Time: 1.00 P.M. to 4.00 P.M.**  **Ph.D. Test Date: ………….** | Paste  Self attested  Recent  Passport Size  Photograph |

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Subject : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invigilator’s Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate’s Full Name (In capital):

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(Surname) (Name) (Father’s/Husband’s name)

Signature of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:**

1. Candidate should take the seat at least 15 minutes prior to the scheduled starting time.

2. The candidates appearing for the entrance test are required to bring Black or Blue Pen.

3. Candidates are not allowed to bring calculator, mobile phone or any other calculation or communication devices.

4. It is compulsory to bring this admit card and **one identity proof**.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT COPY**

**(To be brought by candidate at the time of exam)**

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| **Seat No.** |  |  |  |

Subject : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invigilator’s Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate’s Full Name (In capital):

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(Surname) (Name) (Father’s/Husband’s name)

Signature of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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