APPLICATION FOR PRELIMINARY EXAMINATION

	istrar t University of Agriculture ar (Udham Singh Nagar)	e & Technology			
all the course wo	Throu you to kindly permit me to a ork prescribed in my progra oft for major, if any	mme of studies ex	preliminary exa cept the followi	ng credits:	ve completed
		Your faithfully, Signature Name of Student Id No. Ph.D. Major			
Dated					
written prelimina 2. Special re	easons for permitting prelim	ninary exam. incase	e of students wh	no are left with	
			Name of A		
Registrar Mr./Ms exam. He/She n	OFFICE OF THE DEAN Control of the permitted to appear	. Id.No	is eligible to app	ear in the writt	en preliminary g schedule.
Field of Study	Name of Examiner	Department	Date/Time	No. of Qus.	Max. Marks
I- Major II- Minor (a) (b)					
Dy. Registrar,				D	ean, P.G.S.
	ication is in order. Written pr	relim. examination a	as proposed abo	ove may kindly	be permitted.
Permitte					
Dy. Reg	istrar			Asstt. R	egistrar