





**20. ANY OTHER PROFESSIONAL QUALIFICATION / DIPLOMA**

Name of Professional Qualification/Diploma	Year of Passing	Board/ University	% of Marks	Division/ Grade	Experience in Months/ Years

**21. DETAILS OF NATIONAL AND STATE LEVEL EXAMINATION QUALIFIED: (ATTESTED XEROX COPY TO BE ENCLOSED)**

NAME (NET/SET/GATE etc.)	REGISTRATION NO.	MONTH & YEAR OF PASSING

**DECLARATION BY THE CANDIDATE**

I ..... S/o or D/o ..... declare that the information furnished by me herein are true and correct. In case any information furnished herein is found to be incorrect or any document is found to be forged, I agree to forego my claim for admission and abide by the decision of the University authorities.

I further declare that I have read the prospectus furnished with the application form fully and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein.

PLACE :

DATE :

SIGNATURE OF THE CANDIDATE

\*NET Qualified candidates will be exempted from entrance test, however such candidates have to appear in Ph.D. interview.

Note:

- The candidate must ensure that application is complete and all the necessary documents enclosed before submitting the application.
- Incomplete application submitted without enclosing any necessary documents will not be accepted. No interim correspondence will be made.

THE DULY FILLED APPLICATION SHOULD BE SENT BY POST OR CAN BE SUBMITTED DIRECTLY ALONG WITH A DD/CHEQUE / RECEIPT OF CASH DEPOSITED TO:

The Admission Cell  
Era University,  
Sarfarazganj, Hardoi Road,  
Lucknow-226003

**NO OBJECTION CERTIFICATE**

This is to certify that Mr./Ms.....  
S/o or D/o ..... is working as  
..... in the Department of  
..... this College/School/Polytechnic/Institute.

We have No objection in permitting him/her to do Ph.D. course under full time  
Programme of Era University.

PLACE :  
DATE :

SIGNATURE AND SEAL OF  
THE AUTHORISED PERSON

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**SERVICE CERTIFICATE**

This is to certify that Mr./Ms.....  
S/o or D/o ..... is working as  
..... in the Department of  
..... from ..... to .....  
on regular/temporary basis.

PLACE :  
DATE :

SIGNATURE AND SEAL OF  
THE AUTHORISED PERSON