APS UNIVERSITY, REWA

DIRECTORATE OF RESEARCH CELL

Ph.D. Admission DET 2024–2025

FORMAT OF DECLARATION FORM

I, [Name of the Candidate], Son/Daughter of [Father's/Mother's Name], resident of [Full Address], hereby declare that all the information furnished by me in the Ph.D. Admission Application Form and supporting documents are true, complete, and correct to the best of my knowledge and belief. I understand that if any information is found false at any stage, my candidature may be cancelled and I shall be liable for necessary action as per university rules.

Signature of the Candidate: _____

Name (in Block Letters): _____

Application ID / Registration No.: _____

Subject / Faculty: _____

Date: _____ Place: _____