

**Rajasthan University of Health Sciences, Jaipur**

**RUHS Ph.D. Admission Test 2010**

**Option Form**

<b>Roll No.:</b>	<b>Name:</b>
------------------	--------------

<b>Choice</b>	<b>Supervisor code</b>	<b>Supervisor name</b>
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>
16	<input type="text"/>	<input type="text"/>
17	<input type="text"/>	<input type="text"/>
18	<input type="text"/>	<input type="text"/>
19	<input type="text"/>	<input type="text"/>
20	<input type="text"/>	<input type="text"/>

**Declaration**

1. I have filled \_\_\_\_\_ No. of choices. I undertake to accept the supervisor allotted by the university that is not included in my option form.
2. I have gone through all the instructions to fill this option form.
3. I fulfill all the eligibility criteria as required by the norms. I accept that if any information is detected as false at any stage then my candidature will be cancelled.

Date:

Signature of Candidate

**For office use:**

Supervisor allotted: \_\_\_\_\_

Convener  
RUHS Ph.D. Admission Test 2010