



OFFICE OF THE CONTROLLER OF EXAMINATIONS

Ph.D Course Work Examination – Registration Form (Apr/Nov- 201)

Name of the Research Scholar :

Register Number :

Department :

Date of Birth (dd/mm/yyyy) : Male/Female

Name and Address
of the Supervisor :

Paste recent Passport
Size Photograph

Category (Full time/Part time) :

Address for Communication :

Mail id : Mobile No :

Sl.No	Semester	Course Code	Name of the Course

Signature of the Scholar

Signature of the Supervisor

Signature of the HOD with seal

Note :

Submit the filled in application form along with the following enclosures to Office of the Controller of Examinations.

1. Enrolment form.
2. Course Work Registration form.
3. Minutes of the First Doctoral Committee Meeting
4. Approved copy of the Syllabus, duly signed by the Supervisor

Controller of Examinations

Signature of the Principal