



**Ph. D PROGRAMME
COURSE WORK – REGISTRATION FORM**

(Oct/Nov- 20 / Apr/May- 20)

I. DETAILS OF THE SCHOLAR

1. Name of the Scholar :
2. Registration Number :
3. Department in which the Scholar is
pursuing research work :
4. Category of the registration : Full time / Part time
5. Date of Birth (dd/mm/yyyy) :
6. Gender : Male / Female
7. Name and Address of the
Supervisor :
8. Address for Communication :

Paste recent
Passport Size
Photograph

Mail id. :

Mobile No. :

II. COURSE WORK REGISTERED IN THE CURRENT SEMESTER

Sl.No	Course Code	Course Title	No. of Credits	Core Course / Elective Course	Course Coordinator Name and Signature with date
1					
2					
3					
4					

Signature of the Scholar

Signature of the Supervisor with seal

Signature of the HOD with seal
(where the course is offered)

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

Signature of the Principal