

**OFFICE OF RESEARCH AND DEVELOPMENT**

**Ph.D. RENEWAL FORM**

**(From Jan 2023 Batch Scholars)**

Name in Block Letters :

Registration No :

Date of Joining :

Address for Communication :

E-Mail ID :

Phone Number :

Registration Category : Full Time/ Part Time

Area of Research :

Department :

Supervisor’s Name :

Number of course works Number of course works completed

Registered in this semester 

 

Date of Comprehensive examination Publication Details

| Date | Month | Year |
| --- | --- | --- |
|  |  |  |

| Journals | Conference |
| --- | --- |
|  |  |

Date of submission of half yearly report submitted for last semester:

Details of fee Payment

| **D.D/ Challan No./Receipt No.** | **Date** | **Amount** |
| --- | --- | --- |
|  |  |  |

 Signature of the Candidate

Date: Signature of the Supervisor(s).