

OFFICE OF RESEARCH AND DEVELOPMENT Ph.D. REGISTERATION / RENEWAL FORM

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			:		
	f course wor			Ν	Number of course works completed
Date of Comprehensive examin Date Month Year			on		Publication Details Journals Conference
Bate	Wionth	1 Cai			Journals Conference
		lf yearly	report submitted for	or last seme	ster:
Details of fee Payment D.D/ Challan D.D/ Challan			Amount	7	
No./Receipt No.					
					Signature of the Candidate
Date:					Signature of the Supervisor(s).