

SEMESTER REGISTRATION FORM (Ph.D PROGRAMME) – JANUARY 2017

Name of the Candidate	:		
Registration No	:		
Month & Year of Admission	:		
Faculty	•		
Supervisor's Name	:		
Department of Supervisor	:		
Category of Registration	:	Full Time / Part Time (I	nternal) / Part Time (External)
Number of Courses Completed	:		
Date of Confirmation	:		
Fee detail of the Current Semester	:		
(Enclose Xerox copy of Fee Receipt)		Challan No.:	Date:
		Amount Rs.	Bank :
	De	claration	
I, is pursuing Ph.D. Programme			
1. As a Full time scholar, I state that I am not employed anywhere.			
2. As a Full-Time Scholar working in a Project, I state that I am still employed in the project			
3. As a Part-Time scholar, I am working asatat			
4. As a Part-Time Scholar, I am still working the change of working place has been intim			
Date:		:	Signature of the Scholar
Place:			
Signature of the HOD			Signature of the Supervisor

(Name with seal)