

## Registration to the PhD Course work

(Academic Session.... /..../.....)

Name of the School:.....

Name of the Department: .....

Name of the Candidate:.....

Enrollment No:..... Gender:.....

Details of the fee Deposit:.....

Amount:.....Receipt No: ..... Date:..... (copy attached)

Details of the subjects opted for the PhD course Work:

Sr no	Name of the Subject(s)	Subject		
		Subject Teacher	Department	Signature of the teacher
1				
2				
3				
4				
5				

Name of Mentor during the coursework.

Signature:  
Name:

### Declaration by the Candidate

I hereby declare that all the information submitted to the university is true and correct to the best of my knowledge and belief. I also note that if any of the information/documents are found to be incorrect or false or any information or particulars have been suppressed or omitted there from, I am liable to be disqualified and my admission may be cancelled. I have read and understood the contents of the university regulations. I hereby permit the institute to use, display or transfer any of the details furnished by me in this form for complying with the admission formalities.

Signature of Candidate:  
Date:

Signature of the HOD

Signature of the DEAN