


CENTRE FOR RESEARCH AND CONSULTANCY
Ph.D. COURSE WORK ENROLLMENT FORM FOR _____ / _____ (M/Y)

Name of the Research Scholar :

Scholar's email id (official) :

Date of Birth :

Gender :

Reg. No. :

Dept. in which registered :

Category of Admission : FT / PTI/ PTE

Name of the Supervisor :

Supervisor email id (Official) :

Contact Number of the Supervisor :

Course(s) registered in the current semester

Sl. No.	Subject Code	Title of the Subject	Credit	Regular / Direct Study/NPTEL	Name of the Faculty	Signature of Faculty in-charge

Course(s) Already Completed

Sl. No.	Subject code	Title of the Subject	Credit	Grade	Month and year of passing

Signature of Scholar with date

Name:

Signature of Supervisor with date

Name:

Designation :

Signature of Ph.D. Coordinator with date

Name:

Designation :

Signature of HoD with date and seal

Name:

Designation :

Note:

- 1. Copy of the approved and signed Syllabus should be attached with this form for all the courses registered for the current semester.**