**Ph.D. REGISTRATION SEMINAR FORM**

(to be submitted post completion of Course Work and Ph.D. Registration Seminar)

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| --- | --- |
| 1. Name: | |
| 1. Roll No.: | |
| 1. Category of Ph.D (IRS / Self-Financed / Sponsored / Project): | |
| 1. Status (Full Time / Part Time): | |
| 1. Department: | |
| 1. Last Semester Registered: | 1. Last Session: |
| 1. Contact No.: | 1. E-Mail: |
| 1. Name of the Ph.D. Guide: | |
| 1. Name of the Ph.D. Co-Guide(s): | |
| 1. Name of the Ph.D. Co-Guide (External, if any): | |
| 1. Date of Joining in Ph.D. (as per Joining Report): | |
| 1. Course Work Completed (Yes/No): | |
| 1. Ph.D. Registration (Synopsis) Completed (Yes/No): If Yes, Date: | |
| 1. (a) Course Work (total credits assigned): (b) Course Work (total credits completed):  |  |  |  |  | | --- | --- | --- | --- | | S. No. | Course Code | Course Name | Credit(s) | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |
| 1. Proposed Area of Research (two copies of the brief outline of proposed research work duly signed by the Ph.D. Scholar and Guide (s) to be submitted as Synopsis and attached with the form) | |
| Name and Signature of the Doctoral Committee (D.C.) Members   |  |  |  |  | | --- | --- | --- | --- | | **S. No.** | **Name of the D.C. Member** | **Role** | **Signature with Date** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |