Annexure - IV

Name:

Roll No.:

Status (Full Time / Part Time):

Category of Ph.D (IRS / Self-Financed / Sponsored / Project):

2.

3.

## बिरलाप्रौद्योगिकीसंस्थान, मेसरा, राँची, झारखंड– 835 215 BIRLA INSTITUTE OF TECHNOLOGY MESRA, RANCHI, JHARKHAND – 835215

## Ph.D. REGISTRATION SEMINAR FORM

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

| 5.  | Departm                                                                                        | ent:                |                           |           |                                            |                                 |  |
|-----|------------------------------------------------------------------------------------------------|---------------------|---------------------------|-----------|--------------------------------------------|---------------------------------|--|
| 6.  | Last Semester Registered:                                                                      |                     |                           | 7.        | Last Session:                              |                                 |  |
| 8.  | Contact No.:                                                                                   |                     |                           | 9.        | E-Mail:                                    |                                 |  |
| 10. | . Name of the Ph.D. Guide:                                                                     |                     |                           |           |                                            |                                 |  |
| 11. | . Name of the Ph.D. Co-Guide(s):                                                               |                     |                           |           |                                            |                                 |  |
| 12. | . Name of the Ph.D. Co-Guide (External, if any):                                               |                     |                           |           |                                            |                                 |  |
| 13. | Date of Joining in Ph.D. (as per Joining Report):                                              |                     |                           |           |                                            |                                 |  |
| 14. | Course Work Completed (Yes/No):                                                                |                     |                           |           |                                            |                                 |  |
| 15. | Ph.D. Registration (Synopsis) Completed (Yes/No):                                              |                     |                           |           | If Yes, Date:                              |                                 |  |
| 16. | (a) Course Work (total credits assigned):                                                      |                     |                           |           | (b) Course Work (total credits completed): |                                 |  |
|     | S. No.                                                                                         | S. No. Course Code  |                           | Course Na | ame                                        | Credit(s)                       |  |
|     |                                                                                                |                     |                           |           |                                            |                                 |  |
|     |                                                                                                |                     |                           |           |                                            |                                 |  |
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|     |                                                                                                |                     |                           |           |                                            |                                 |  |
|     |                                                                                                |                     |                           |           |                                            |                                 |  |
| 17. | Proposed Area of Research (two copies of the brief outline of proposed research work duly sign |                     |                           |           |                                            | signed by the Ph.D. Scholar and |  |
|     |                                                                                                |                     | Synopsis and attached wi  |           |                                            |                                 |  |
| Nar | ne and Si                                                                                      | gnature of the Doct | oral Committee (D.C.) Men | nbers     |                                            |                                 |  |
| S.  | No. Name of the D.C. Member                                                                    |                     |                           |           | Role                                       | Signature with Date             |  |
|     |                                                                                                |                     |                           |           |                                            |                                 |  |
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