

**Annexure –II**  
**BIRLA INSTITUTE OF TECHNOLOGY, MESRA, RANCHI**  
**ANNUAL/SEMESTER RENEWAL OF REGISTRATION**  
**(Ph. D)**

1.	NAME OF CANDIDATE (IN CAPITAL LETTERS)		
2.	Registration No/Roll No	Date of Registration: (During Admission Time)	
3.	Address For  Contact Mobile No Email Address	<b>Correspondence</b>	<b>Permanent</b>
4.	Department		
5.	Full Time /Part Time		
6.	Category (GEN/OBC/SC/ST)		
7.	Gender (Male/Female)		
8.	Name of the Ph. D Internal Guide(s)		
	Name of the Ph. D Co-Guide		
	Name of the Ph. D External Guide		
9.	Title of Ph. D Thesis		
10.	Course work (Completed)	Yes / No	<b>Date of Completion:</b>
11.	Publication Details <sup>1</sup> (As per Criteria)		
12.	Last Annual Presentation Date		
13.	Renewal of Registration Requested for <sup>2</sup> :	Session / Year	Semester:
14.	Details of Regs. Fees Deposited in the Preceding Year/ Semester <sup>3</sup>	Year: Semester:	Receipt No & Date of Payment

Signature of Candidate  
Date:

Supervisor/Guide/Co-Guide  
Date:

Chairman of Doctoral Committee  
Date:

**(FOR OFFICE USE ONLY)**

15.	Details of Dues	(a) Institute Dues up to: (June/Dec.) year .....
		(b) Hostel /RS Hostel/ Mess Dues :
16.	Payment Details for Current Session <sup>2</sup>	

1. Criteria Paper shall have Candidate/Guide/Co-Guide & External Guide as Authors; Candidate shall always be the first author
2. Renewal of Registration shall be Semester wise.
3. Payment can be made either by Credit/Debit Card or DD or cash.

Remarks from Dean (AP) Office

**Dean (A.P.)**

**BIRLA INSTITUTE OF TECHNOLOGY, MESRA, RANCHI**

**REGISTRATION CARD : Pre Phd**

Semester Mo/Sp \_\_\_\_\_ (Full Time/ Part Time)

**EXAMINATION**

NAME \_\_\_\_\_ (in block letters) ROLL NO. \_\_\_\_\_ BRANCH \_\_\_\_\_

Course No	Theory Courses	Credit	Specialization		
			Course No	Term Paper / Sessional Courses	Credit

Total Credit \_\_\_\_\_

I undertake that all the entries made above are correct to the best of my knowledge .I shall be fully responsible, if I am not able to attend classes of any subject and fall short of attendance in such subjects.

AR (Academic Programmes)

H.O.D. / Adviser

(Signature of the Student with date)

**SEMESTER PROGRAMME**

NAME \_\_\_\_\_ ROLLNO. \_\_\_\_\_ SC/ST/OBC/EBC/F/NRI \_\_\_\_\_ BRANCH \_\_\_\_\_

SEMESTER \_\_\_\_\_ Mo/SP \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_ ROOM NO. \_\_\_\_\_ HOSTEL NO. \_\_\_\_\_

Total No.of Credit Registered so far \_\_\_\_\_

Total No.of Credit Cleared so far \_\_\_\_\_

ADDRESS FOR COMMUNICATION :  
S/O / D/O \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ PIN CODE \_\_\_\_\_

Course No	Theory Courses	Credit	Course No	Term Paper / Sessional Courses	Credit

INSTITUTE DUES

MESS DUES

(Signature of the student with date)