



Ph. D Registration Card

Name of Scholar	
Registered/Enrollment No	
Year of Admission	
Name of Department/School	
Detail of the current Semester (e.g. SEM-1, SEM-2, etc.	
Registering for the Semester (e.g. SEM-2, Jan 2022)	
Current Semester Fee Details:	
Amount Paid (INR)	
Transaction Reference Number	
Date of the fees paid.	
Attachment of Account Slip (Y/N) :	

Verified by:
Account Department

Verified by:
Ph.D. Coordinator

FORM-2

Name of Scholar				
Enrollment number				
Mode of Study		Regular Mode	Part time mode	
Supervisor Name:				
Co-Supervisor Name (If any)				
Thesis Title				
Communication Address:				
E-Mail ID (IN CAPITAL LETTER ONLY)				
Contact Details Mobile number				
Number of Research Progress Report submitted in the department till now				
Number of Research Articles Published in				
Scopus Indexed Journal	UGC Care Journal	Web of Science/PubMed/NAAS Rated Indexed Journal Papers	Conference Papers	Others listed journals

Signature of the Candidate

Signature of the Guide

Signature of the School Dean with Date