

**CENTRE FOR RESEARCH
ANNA UNIVERSITY-CHENNAI, CHENNAI-600025**

**APPLICATION FOR DIRECTED STUDY / SPECIAL ELECTIVE EXAMINATIONS FOR
MAY / NOVEMBER 20.....**

Name in Block Letters														
Roll Number														
Programme		M.S.	Ph.D.	Category				Full-Time	Part-Time					
Tick <input checked="" type="checkbox"/>				Tick <input checked="" type="checkbox"/>										
Department / Centre where the candidate has registered for the Ph.D/ M.S (R) Programme														
DETAILS OF SUBJECTS REGISTERED (Examination not conducted by COE)														
Sl. No.	Regulation	Subject code	Subject title				Indicate whether the subject is approved special elective			Department / Centre				
1.														
2.														
Details of Fee Payment (Enclose the Demand Draft)														
DD No.		Date		Bank Details						Amount Rs.				

Declaration by the Student

I declare that I have registered the course work which are not conducted by the Controller of Examinations and I have made the payment of Examination fee as per the existing Examination fee structure.

Date :

Signature of the student

Place:

Countersigned by the Supervisor

HOD of the Supervisor