

## **CENTRE FOR RESEARCH**

ANNA UNIVERSITY – CHENNAI :: CHENNAI – 600 025

Instruction to the scholars/supervisor(s) for filling the form.

1. The format and content of form should not be modified
2. The form can be filled with New Times Roman 12 font size
3. If the office of the Centre for Research found any deviation/modification of the form submitted, it will be automatically rejected without any further notification
4. The scholars/supervisor(s) are requested to contact the office of the Centre for Research if any clarification is required.

**DIRECTOR**

ANNA UNIVERSITY - CHENNAI, CHENNAI – 600025  
Ph.D/M.S (By RESEARCH) PROGRAMME

**ENROLLMENT FORM/ REGISTRATION RENEWAL FORM**

January 200 /July 200

- |  |   |
|--|---|
| (i) Name in Block Letters:                           | (ii) Registration No:   |
| (iii) Month & Year of admission: Jan/July 200        | (iv) Date of joining:   |
| (v) Faculty:   | (vi) Supervisor's Name:   |
| (vii) Academic Category: Full Time/Part Time         | (viii) Number of Course work completed:   |
| (ix) No. of Course Work registered in this semester: | (x) Date of Confirmation:   |
| (xi) Date of Payment of Present semester:            | (xii) Fee Receipt for the current semester:<br>DD. No..... Date: .....<br>Amount: ..... Bank: ..... |

**DECLARATION**

I..... doing the Ph.D/M.S (By Research) Programme

1. As a full time scholar I state that I am not employed any where\*/ I have submitted NOC form my employer\*
2. As a Part time scholar I am working as ..... at .....
3. As a part time scholar working in project staff, I state that I am still employed in the project and the copy of appointment order is enclosed
4. As a part time faculty member, I am still working in the same institution as mentioned in my application form\* / the change of working place has been intimated to the office of the Director (Research)\*

(\* Strike off whichever is not applicable)

Date:

Place:

Signature of the Research Scholar

Signature of the Supervisor with seal