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

1. The format and content of the 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 in the form submitted, the form will be automatically rejected without any further notification.
4. The scholars/ supervisor(s) are requested to contact the office of the Centre for Research for any clarification.

DIRECTOR
**ENROLMENT FORM / REGISTRATION RENEWAL FORM**

January 20 / July 20

<table>
<thead>
<tr>
<th>(i) Name in Block Letters</th>
<th>:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ii) Registration No</td>
<td>:</td>
</tr>
<tr>
<td>(iii) Month &amp; Year of admission</td>
<td>: January / July 20</td>
</tr>
<tr>
<td>(iv) Date of joining</td>
<td>:</td>
</tr>
<tr>
<td>(v) Faculty</td>
<td>:</td>
</tr>
<tr>
<td>(vi) Name of the Supervisor</td>
<td>:</td>
</tr>
<tr>
<td>(vii) Department of the Supervisor</td>
<td>:</td>
</tr>
<tr>
<td>(viii) Name of the Joint Supervisor (if applicable)</td>
<td>:</td>
</tr>
<tr>
<td>(ix) Department of the Joint Supervisor</td>
<td>:</td>
</tr>
<tr>
<td>(x) Category of Registration</td>
<td>: Full-Time / Part-Time</td>
</tr>
<tr>
<td>(xi) Number of Courses completed</td>
<td>:</td>
</tr>
<tr>
<td>(xii) No. of Courses registered in this semester</td>
<td>:</td>
</tr>
<tr>
<td>(xiii) Date of Confirmation</td>
<td>:</td>
</tr>
<tr>
<td>(xiv) Date of payment of current semester fee</td>
<td>:</td>
</tr>
<tr>
<td>(xv) Fee details of the current semester</td>
<td>: DD No: ............... DD Date: ............... Amount: ............... Bank: ...............</td>
</tr>
</tbody>
</table>

**DECLARATION**

I, .............................................................................. is doing Ph.D. Programme.

1. As a Full-time scholar, I state that I am not employed anywhere* / I have submitted NoC from my employer*

2. As a Full-time scholar working in a project, I state that I am still employed in the project

3. As a Part time scholar, I am working as ................................................. at ...........................................

4. As a part time scholar, I am still working in the same college as mentioned in my application form* / the change of working place has been intimated to the office of the Director (Research)*

(* Strike out whichever is not applicable)

Date:

Place:

Signature of the Scholar

Signature of the Joint Supervisor (Name with seal)

if applicable)

Signature of the Supervisor (Name with seal)