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Course Work Registration Form - Ph.D.**FORM – R1**

Name of the Research Scholar :
(in Block letters)

Register Number :

Mode of Admission : Regular Internal External
(Tick Appropriate box) Part Time Part Time

Department :

S. No	Course Code	Course Name	Course Credit		
			L	T	P

Payment Details :	Amount of fees paid	Receipt No.	Date of Payment

Date: _____ **Signature of the Research Scholar** _____

Research Supervisor _____ **Head of the Department** _____

Remarks:

Dean (Research)

Approved / Not Approved

Controller of Examinations

Encl: Photocopies of

1. Provisional selection letter issued by the Registrar
2. Form DR2A & DR2B
3. Syllabus for course work