

Department of **xxxxxxxx**

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**PERIYAR
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INSTITUTE OF SCIENCE & TECHNOLOGY
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Intimation of Seminar Talk –I / II

FORM-DR5A

Name of the Scholar :
(in Block letters)

Register Number :

Department :

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

Seminar Topic :

Date and Time :

Venue :

Note: Enclose No Dues Certificate issued by Finance Section

**Research Supervisor
Name:
Recognition No.**

**(if Applicable)
Co-Research Supervisor
Name:**

**AFO/ DFO
(For Fees Dues)**

HoD/xxxxxxx

Dean (XXXX)

Dean (Research)