

## APPLICATION FORM FOR RE-REGISTRATION

1. Name of the Ph.D. Student:
2. Ph.D. Registration No.:
3. Roll No.:
4. School:
5. Department:
6. Category (Please Tick): Full Time/Part Time
7. Name of the Guide: Affiliation:
8. Name of the Co-Guide: Affiliation:
9. Date of admission:
10. Date of submission of Synopsis (Plan of Research):
11. Number of six-monthly progress seminars presented till date:
12. Title of the proposed work:
  
13. Duration of re-registration sought (from the proposed date of completion of four years): \_\_\_\_\_ Years \_\_\_\_\_ Months.
14. Reasons and justification for the re-registration sought:

**Signature of the Ph.D. Student with Date:**

**Signature of the Guide with Date**

**Signature of the Co-Guide with Date**

**Fee Payment Details of Re-Registration:**

Date of Payment	Fee Receipt No.	Amount	Signature (with Date) of Accounts Officer

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**Signatures and Recommendations from the DRC Members:**

Name	Recommendations		Signature
	Recommended	Not Recommended	

**(Name and Signature with Date)**  
**Chairperson SRC and DRC**