

OFFICE OF RESEARCH AND DEVELOPMENT

Ph.D. RENEWAL FORM
(From Jan 2023 Batch Scholars)

Name in Block Letters :
 Registration No :
 Date of Joining :
 Address for Communication :
 E-Mail ID :
 Phone Number :
 Registration Category : Full Time/ Part Time
 Area of Research :
 Department :
 Supervisor's Name :

Number of course works
 Registered in this semester

Number of course works completed

Date of Comprehensive examination

Date	Month	Year

Publication Details

Journals	Conference

Date of submission of half yearly report submitted for last semester:

Details of fee Payment

D.D/ Challan No./Receipt No.	Date	Amount

Signature of the Candidate

Date:

Signature of the Supervisor(s).