



CENTRE FOR RESEARCH & CONSULTANCY
Ph.D. SESSION REGISTRATION FORM FOR _____ / _____ (M/Y)

1. Name of Ph.D. Scholar :
2. E-Mail ID :
3. Contact Number :
4. Reg. Number :
5. Department in which registered :
6. Category : FT PTI PTE

Signature of Scholar with date
Name:

7. Certificate from the Supervisor :

The above scholar met me on 20.. in HITS campus and discussed with me his/her progress so far and plans for his/her future research work. His/her progress is satisfactory / not satisfactory.

Signature of Supervisor with date
Name:

8. Certificate from the Head of the Department :

The above scholar met me on 20.. in my chambers at HITS and discussed with me his/her laboratory and other requirements.

Signature of HoD with date
Name:

Note:

1. Progress report of the Scholar to be attached with this form
2. Minutes of the Semester Review/DC Meeting to be attached with this form otherwise the semester registration will not be accepted