



KALASALINGAM

ACADEMY OF RESEARCH AND EDUCATION

(DEEMED TO BE UNIVERSITY)



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Office of Research and Development

Ph.D. REGISTRATION FORM

Name in Block Letters :

Registration No. :

Date of Joining :

Address for Communication :

Phone Number :

E-Mail ID :

Registration Category : Full Time/Part Time

Area of Research :

Department :

Supervisor's Name :

Details of fee Payment

D.D/ Challan No.	Date	Amount

Signature of the Candidate

Date:

Signature of the Supervisor(s).

Signature of the DRC Chairman with date