**CENTRE FOR RESEARCH**

**DHANALAKSHMI SRINIVASAN UNIVERSITY**

Samayapuram, Tiruchirappalli – 621 112

**Ph.D. COURSE WORK REGISTRATION FORM FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ (M/Y)**

**1. Name of the Candidate (With Block letters) :**

**a) Contact No. (Scholar) :**

**b) E-Mail ID (Scholar) :**

**c) Registration Number :**

**d) Discipline** (Ph.D. Registered) **:**

**e) Semester & Year :**

**f) Name of the Department, College/Institution :**

**g) Year of Admission :**

**h) Academic Category :** Full Time/Part Time (External)/Part Time (Internal)

**i) School** (under Ph.D. Registered) **:**

**2. Name, Designation, Department &**

**School of the Supervisor :**

**a) Contact No. (Supervisor) :**

**b) E-Mail ID (Supervisor) :**

**3. Fees paid details :**

(Amount & Receipt No. with date)

**4. Course(s) Approved by Doctoral Committee :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No.** | **Course Code** | **Title of the Course** | **Credit** | **Mandatory/Non-Mandatory**  **Courses** |
|  |  |  |  | Mandatory - common course |
|  |  |  |  | Mandatory - common course |
|  |  |  |  | Mandatory - Core course 1 |
|  |  |  |  | Non-Mandatory - Core course 2 |
|  |  |  |  | Seminar/Conference presentation |
|  |  |  |  | Online Open Course |

**5. Course(s) taken up for the current semester**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Course Code** | **Title of the Course** | **Credit** | **Mandatory/Non-Mandatory Courses** | **Signature of the Supervisor** |
|  |  |  |  | Mandatory - common course |  |
|  |  |  |  | Mandatory - common course |  |
|  |  |  |  | Mandatory - Core course 1 |  |
|  |  |  |  | Non-Mandatory - Core course 2 |  |
|  |  |  |  | Seminar/Conference presentation |  |
|  |  |  |  | Online Open Courses |  |

**6. Course(s) Already Completed (Kindly write NA if not applicable)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Course code** | **Title of the Course** | **Credit** | **Grade** | **Month & Year of Pass** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Date: **Signature of the Research Scholar**

Date: **Signature of the Supervisor**

Date: **Signature of the HOD**

**Forwarded by**

Signature of the Dean of the School, where the supervisor is working

**Note:**

1. Copy of the Doctoral Committee Meeting minutes should be attached with this form.

2. Copy of the Syllabus for the current semester course(s) should be attached with this form.

3. Copy of the Grade obtained in the completed coursework (not required for first time appearing scholars)