

Ph.D.	FT / PT
Reg. No.	

**I. Registration Details:**

Name of the Scholar :		Registration No:	
Address :		Department:	
		Contact No. & Email ID:	
Supervisor's Name :		Joint Supervisor's Name:	
Address :		Address:	
Contact No. & Email ID:		Contact No. & Email ID:	
Title of the thesis :			
Category at the time of Registration	PT(Int.)/PT(Ext.)/FT	Change of category if any	
Month and Year of Registration		Period of break of study granted if any	
Date of confirmation		Date of completion of minimum period	
Date of completion of maximum period		Extension of period approved (mention date)	upto:
Date of DC meeting for approval of synopsis		Date of submission of thesis	

II. Extension of time for Thesis submission beyond 6 **months** after the submission of synopsis (if any):

Late fee details :

Amount (Rs.)	DD No.	DD Date	Bank Name	Branch

Signature of the Candidate  
(With date & Seal)

Signature of the Research Supervisor  
(With date & Seal)

Signature of Joint Supervisor (if applicable)  
(With date & Seal)

Signature of the Head of the Department  
(With date & Seal)

Signature of the Dean (Research) /  
Dean, Medical Research  
(With Name, Date & Seal)

Signature of the Head of the Institution  
(With Name, Date & Seal)

Signature of the Director (Research)  
(With Name, Date & Seal)

Signature of the Director of Faculty  
(With Name, Date & Seal)

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**Controller of Examinations**

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