



SRM UNIVERSITY
KATTANKULATHUR -603203

Ph.D.	FT / PT
Reg. No.	

SEMESTER REGISTRATION FORM

January 2 / July 1

(i) Name in Block Letters	:	
(ii) Registration No	:	
(iii) Month & Year of admission	:	Jan / July
(iv) Date of joining	:	
(v) Faculty	:	
(vi) Supervisor's Name	:	
(vii) Department of the Supervisor	:	
(viii) Category of Registration	:	Full-Time / Part-Time(Int./Ext.)
(ix) Number of Courses completed	:	
(x) No. of Courses registered in this semester	:	
(xi) Date of Confirmation	:	
(xii) Date of payment of present semester fee	:	
(xiii) Fee details of the current semester	:	DD No..... Date: Amount: Bank:

DECLARATION

I, is pursuing Ph.D. Programme.

- 1.As a Full - time scholar, I state that I am not employed any where.
- 2.As a Full - time scholar working in a project, I state that I am still employed in the project
- 3.As a Part time scholar, I am working as at
- 4.As a part time scholar, I am still working in the same college/Industry as mentioned in my application

form* / the change of working place has been intimated to the office of the Director (Research)*

(* Strike out whichever is not applicable)

Date:

Place:

Signature of the Scholar

Signature of HOD

Signature of Faculty Director

Signature of the Supervisor
(Name with seal)