

SIKKIM MANIPAL UNIVERSITY

ANNUAL PhD REGISTRATION FORM

- A.** 1. Name of Research Scholar.....
2. Registration Number
3. Date of Initial Registration
4. Registration Status:
(Full Time / Part Time (External / Internal)).....
1. Title of the Research
-
2. Details of fee deposited (*enclose copy*)
Challan No: Date:

Date:

Signature of Applicant:

B. To be filled by the Supervisor (s)

1. Department / Centre / Research Centre in which the applicant is registered
2. Status of course work

S.No.	Course Name	Status of Course Work (pass / fail / reappearing / detained / result awaited	Grade / Marks obtained
1.	Research Methodology		
2.			
3.			

3. Performance & recommendation (Satisfactory /
Unsatisfactory).....

(Signature of Supervisor(s))

C. To be filled by the Head of the Department

1. Mr / Ms has been reporting regularly for PhD six monthly progress presentation and progress has been found satisfactory.
2. Recommended for registration.

*(Enclose the copy of six monthly report duly signed by supervisor(s) /
Chairman, DRPC)*

Head of the Department / Chairman, DRPC

**D. For use of Associate Dean (Research), SMIMS /
Associate Director (R&D), SMIT**

On the basis of the above recommendations, the Registration is approved /
not approved.

Associate Dean (Research) / Associate Director (R&D)