



SEMESTER REGISTRATION FORM (FOR SCHOLARS)
RESEARCH PHASE (MS./M.PHIL/PHD)

FACULTY: _____ **DEPARTMENT:** _____

Name: _____ S/D/o: _____

Roll No: _____ Registration No. _____ Discipline _____

Semester/Research: _____ Session _____

Fee Paid vide challan No: _____ dated: _____ (copy attached)

Signature of Scholar

Date: _____

Signatures of:

Supervisor : _____

Coordinator : _____

HoD: _____

Dean: _____