

KANNUR



UNIVERSITY

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APPLICATION FOR REGISTRATION FOR THE Ph.D

FINAL EXAMINATION.....200.....

1. Name of the Candidate	
2. Age and Date of Birth	
3. Religion, Community & Nationality	
4. (a) Occupation if any,	
(b) Permanent Address with Telephone No.	
(c) Present Address with Telephone No. (Address to which communications are to be sent)	

5.

University Exam Passed (Name to be specified)	Name of University	Subjects	Year of Passing	Class Obtained	% of Marks
(i) Post Graduate					
(ii) M.Phil					

6. Whether the applicant is a full time or Part time Research Candidate	
7. Subject and Topic of Research (In block Letters)	
8. Name of the Department / Institution where the Candidate is doing the Research Work	
9. No. and Date of Research Registration Order	
10. Date of joining the Research Programme	
11. Name and address of the Supervising Teacher with Phone No.	

12. Whether copy of the Registration order is attached	
13. Whether the candidate has paid the fee for all terms	
14. Whether 4 copies of the Thesis and 12 copies of the Abstract are enclosed	
15. No. and Date of memo of having successfully completed the Preliminary Qualifying Examination	
16. If the Abstract (Malayalam, Hindi, Tamil, Arabic, Sanskrit, Kannada etc.) is in the same language whether enclosed 2 additional copies of the summary of the same in English	
17. If extension of time is granted for submitting the Thesis, quote the Order No. and Date	
18. Whether there has been a change of Guide	
19. a) Whether any change of Topic/Title has been effected after the registration. If so furnish details.	
b) Whether there has been a conversion of Registration	
20. Recommendation of the Head of the Department of the Institution	
21. Whether enclosed copies of the NLC	
From the Central Library	
From the Department Library	
From the Department Concerned	
From the Hostel	
22. Any other relevant details	

I hereby declare that all the relevant columns have been filled in and that the entries made above are correct to the best of my knowledge.

Station	Class Obtained	Year of Passing	Date	Subjects	Name of University	University Exam Passed	Signature of the Candidate
I hereby recommended the application for the further necessary action.							

Date:	Seal	Name and Signature of the Guide with No. and Date of Registration of the Guideship
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I hereby certify that the particulars given above are true to the best of my knowledge and the candidate has completed the prescribed time limit for the submission of the thesis.

Date :	Seal :	Signature of the Head of the Department/
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