



# ALAGAPPA UNIVERSITY

(A State University Established by the Government of Tamil Nadu in 1985, Recognized by UGC)  
Accredited with **A++** Grade by NAAC in the Fourth Cycle under Dual Mode,  
Graded as Category-I University by UGC  
**KARAIKUDI - 630 003, Tamil Nadu, India**



## APPLICATION FOR RE-REGISTRATION FOR THE DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D.)

Affix passport  
size photo (To  
be attested by  
the Research  
Supervisor)

<b>FULL - TIME</b>	
<b>PART - TIME</b>	

1. Name of the applicant (in Block Letters) as entered in the qualifying PG Degree :

2. Name of the discipline in which the candidate has registered for research :

3. Gender : Male  Female

4. Address for Communication :

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Pin:

E-mail id :

Mobile / Phone (LL) :

5. a) Name of the University Department / Constituent College / Approved Research Centre where the Candidate has registered for research :

b) Name and Designation of the Research Supervisor :

c) Name and Designation of the Co-Supervisor, if any :

6. a) Title of Research Proposal (IN BLOCK LETTERS) :

b) State whether the Research work is inter -disciplinary. : Yes/No

If Yes, mention your  
(i) Prime Discipline  
(ii) Co-Discipline


7. Date of Registration :
8. Date of passing Research Methodology/  
Course Work Examination :
9. Whether the candidate has paid the fees up to seventh year : Yes / No
10. Reason for not completing the research within seven years:

11. **DD Particulars:**  
**DD favouring “The Registrar, Alagappa University” payable at Karaikudi**  
**DD Number /Date :**  
**DD Amount :**  
**Name of the Bank :**

PLACE : SIGNATURE OF THE CANDIDATE

DATE :

12. Enclosures :
- a) DD for Rs.1000/- towards Cost of Re-Registration Application form
  - b) Brief Progress Report of the work done so far (duly signed by the Candidate and the Research Supervisor)
  - c) Minutes of the Departmental Research Committee for Re-Registration.
13. Specific remarks and recommendations of the **Research Supervisor** for Re-registration including the probable time needed for completion of the research:

SIGNATURE OF THE RESEARCH SUPERVISOR  
(with office seal)

SIGNATURE OF THE HEAD OF THE COLLEGE  
/INSTITUTION / HEAD OF THE DEPARTMENT OF  
THIS UNIVERSITY WHERE THE CANDIDATE HAS  
REGISTERED FOR RESEARCH. (with office seal)