

ALAGAPPA UNIVERSITY





	OF DOCTOR OF PHILOSOPHY (Ph.D.)					Affix passport
		FULL - TIME				size photo (To be attested by
		PART - TIME				the Research Supervisor)
1.	Name of the applicant (in Letters) as entered in the Degree	Block : qualifying PG				Supervisory
2.	Name of the discipline in the candidate has register for research					
3.	Gender		: Male	Female	П	
4.	Address for Communicat	ion	:			
			Pin:			
	E-mail id	:				
	Mobile / Phone (LL)	:				
5.	a) Name of the University Constituent College / App Research Centre where the has registered for research	proved ne Candidate				
	b) Name and Designation Research Supervisor	of the :				
	c) Name and Designation Co-Supervisor, if any	of the :				
6.	a) Title of Research Propo (IN BLOCK LETTER					
	b) State whether the Res work is inter -discipling If Yes, mention your (i) Prime Discipling (ii) Co-Discipling	inary. r ine	Yes/No			

7	Date of Registration	
1.	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 Reregistration 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)