



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

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

FULL - TIME	
PART - TIME	

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 :

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)