**RE-REGISTRATION**

ngupahu; gy;fiyf;fofk;

PERIYAR UNIVERSITY

NAAC A++ Grade – State University – NIRF Rank‘59’ NIRF Innovation Band of 11-50

SALEM -636 011, TAMIL NADU, INDIA

**APPLICATION FOR RE-REGISTATION OF PH.D. PROGRAMME**

|  |  |  |
| --- | --- | --- |
| 1. | Name of the candidate (In Block Letters)  |  |
| 2. | Address for communicationwith mobile number and emailid |  |
| 3. | Date of registration & maximum duration |  |
| 4 | Mode of Ph.D programme (FT/PT) |  |
| 5. | Name of the discipline in which the candidate has registered |  |
| 6. | Name of the department and institution where the candidate has registered  |  |
| 7. | Name of the Research Supervisor |  |
| 8. | Name of the Co-Supervisor, if any |  |
| 9. | Title of Research Proposal |  |
| 10. | State whether the research work is Inter - disciplinary. (Yes/No)If yes, mention the Prime Discipline & Co-Discipline: |  |
| 11 | Date of confirmation of Course work Completion |  |
| 12 | Whether the candidate has paid the fees till date (Yes / No)If no, provide the details of non-payment  |  |
| 13 | Whether the candidate has submitted the progress report till date |  |
| 14. | Reason for re-registration |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 15. | Details of fee payment for re-registration | Name of the Bank |  |
| Challan number |  |
| Amount  |  |
| Date of payment |  |
| 16. | No. of research articles submitted/ published in UGC-CARE list of journals | Submitted |  |
| Published |  |
| 17. | No .of paper presented in Conferences  | National |  |
| International |  |
| 18. | Signature of the candidate  |  |
| 19. | Recommendations of the research supervisor for re-registration including the probable time required for completing the research work |  |
| 20 | Signature of the supervisor with seal |  |
| 21. | Signature of the Head of the Department with seal where the candidate has registered |  |
| 22. | Signature of the Head of the Institution with seal (for colleges only) |  |

Note: The application should be submitted to **“The Research Coordinator, Periyar University, Salem-11”**

**Check list of enclosure: (Tick in the appropriate column)**

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| **S.No.** | **Enclosures** | **Attached** | **For office use only**  |
|  | Copy of the Registration order |  |  |
|  | Copy of course work confirmation order |  |  |
|  | Evidence of research publications submitted/communicated |  |  |
|  | Evidence of paper presentation |  |  |
|  | Original fee receipt |  |  |