



RAJASTHAN TECHNICAL UNIVERSITY, KOTA
Rawatbhata Road, Akelgarh, Kota-324 010
OFFICE OF THE DEAN RESEARCH

Phone: 0744-2473001, 2473030, Fax: 0744-2473002

APPLICATION FORM FOR THE IST SEMESTER REGISTRATION OF Ph.D. SCHOLORS

A. 1. Name.....

2. Date of Registration.....

3. Registration status (Full-Time/Part-Time)

4. Address along with phone numbers

Present.....

.....

Email Add:

Landline/Mobile No.

Permanent.....

.....

5. Details of fees deposited (enclose copy)

Challan No:.....Date:.....

6. Name of Father

Add of Father: Mobile No:

Name of Mother.....

7. Date of birth of the applicant

(Attach the documentary proof for date of birth)

8. State and Nationality to which the applicant belong

9. Reservation category: Gen/ SC/ST/OBC (non creamy layer)/others (specify)

(Attach the certificate)

10. Whether an Ex-Student of R.T.U Yes/No

(if Yes mention enrollment number)

11. Academic Qualifications (Starting from Secondary School Examination)

School/college/ university	Examination passed	Year	Marks % or CGPA	Class/Division	Major subjects/ specialization

12. (a) Details of Industrial/Research experience if any (in the Descending Order)

Period	Name of employer	Designation and nature of work

(b) Publications/Patents/Award.....

(Attach separate sheet, if necessary)

(c) Valid Gate score (if any)

(d) Details of Scholarship

Date:

Signature of Applicant

B. To be filled in by the supervisor (s)

Department/Centre/Research Centre in which the applicant is registered.....

Detail of course work

S. No.	Course Name	Name of Course Instructor	Signature of Course Instructor
1.	Research Methodology		
2.	Literature Review		
3.			
4.			

Name(s) and address(es) of Supervisor(s)

(i)

(ii)

(i)..... (ii).....

(Signature of Supervisor(s))

C. Recommendation of the Head of Research Centre/Centre /Director of UCE

It is recommended to register Mr./Ms.....in IST semester of session as a Full-Time/Part-Time candidate.....

Date: Signature and Seal of the Head of Research Centre /Centre/Director of UCE

(All registration form to be sent to Research Office RTU Kota for further processing)

D. Recommendation of the DRC Chairperson

It is recommended to register Mr. /Mrs.....in Ist Semester as Research Scholar.

Date: Signature of Chairperson of DRC

E. FOR USE OF RESEARCH OFFICE

Form Checked and the recommendations of the Department / Centre are submitted for consideration of Dean (Research).

(Research Office)

F. ORDERS OF DEAN RESEARCH

On the basis of above recommendation the registration is approved / not approved.

Dean Research