

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...... SEMESTER REGISTRATION OF PhD RESEARCH SCHOLORS (To be filled from II semester onwards)

3. Date of initial Registration	A.	1. Name of Research Scholar										
4. Registration status (Full-Time/Part-Time) 5. Title of Research 6. Address along with phone numbers Email Add: Landline/Mobile No. 7. Details of fees deposited (enclose copy) Challan No: Date: Signature of Applican B. To be filled in by the supervisor (s) 1. Department/Centre/Research Centre in which the applicant registered. 2. Status of course work S.No. Course Name Status of the Course work* (pass/fail/reappearing/detained/result awaited) 1. Research Methodology 2. Literature Review 3.		2. Enrollment No										
5. Title of Research		 3. Date of initial Registration										
6. Address along with phone numbers Email Add: Landline/Mobile No. 7. Details of fees deposited (enclose copy) Challan No: Date: Signature of Applicant B. To be filled in by the supervisor (s) 1. Department/Centre/Research Centre in which the applicant registered. Status of course work S.No. Course Name Status of the Course work* (pass/fail/reappearing/detained/result awaited) 1. Research Methodology 2. Literature Review 3.												
6. Address along with phone numbers Email Add: Landline/Mobile No. 7. Details of fees deposited (enclose copy) Challan No: Date: Signature of Applican B. To be filled in by the supervisor (s) 1. Department/Centre/Research Centre in which the applicant registered. 2. Status of course work S.No. Course Name Status of the Course work* (pass/fail/reappearing/detained/result awaited) 1. Research Methodology 2. Literature Review 3.												
Email Add: Landline/Mobile No. Details of fees deposited (enclose copy) Challan No:												
Date												
Date		7. Details of fees deposited (enclose copy)										
B. To be filled in by the supervisor (s) 1. Department/Centre/Research Centre in which the applicant registered		Challan No:										
1. Department/Centre/Research Centre in which the applicant registered		Date					Signature of Applicant					
z. Status of course work S.No. Course Name Status of the Course work* (pass/fail/reappearing/detained/result awaited) Research Methodology Literature Review 3.				B. To be fill	ed in by th	e supe	rvisor (s)					
2. Status of course work S.No. Course Name Status of the Course work* (pass/fail/reappearing/detained/result awaited) 1. Research Methodology 2. Literature Review 3.		1.	Depart	ment/Centre/Research	Centre	in	which	the	applicant	į		
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3.			1.	Research Methodology					,			
			2.	Literature Review								
1			3.									
" ·			4.									

(* Please attach the copy of mark sheet of declared result)

3. P	Name(s) and address(es) of Supervisor(s)						
4. N							
(i)	(i)						
(i	(ii)						
	(Signature of Superv	sor(s))					
C.	C. Forwarding note of the Head of Research Centre/Centre / Director of UCE						
The Registr	tration Form of Mr./Msis forwarde	d for					
registration i	in semester as PhD Research Scholar.						
	(Signature and Seal of the Head of Research Centre/Centre /Director of UC	Έ)					
(Registration	on form is to be sent to Dean Research Office RTU Kota for further processing)					
(Negisti atio		,					
	D. Recommendation of the DRC Chairperson						
	mended to register Mr./Msser	nester					
as Research	n Scholar.						
Date:	Signature of Chairperson, I	ORC					
	E. For use of Dean Research Office						
On the basis	s of the above recommendations the Registration is approved/not approved.						

Dean Research