



DAV UNIVERSITY, JALANDHAR

Ref. No..... Date.....

REGISTRATION FORM FOR Ph. D.

(Students and supervisors are advised to retain a photocopy of this registration form and submit the same, duly filled and signed to HOD of the concerned department, one copy should be submitted along with the admission form)

Registration / Roll Number _____ Branch: _____ Batch: _____ Semester _____
 (to be filled by office)
 Name of the student (in English) _____
 Father's Name: _____ Mother's Name _____
 Address _____
 Telephone No. _____ E-mail _____



Details of the Courses to be offered in the current semester

Course Code	Course Title	L	T	P	C	Consent of the Teacher(s)	Remark (if any)

Name of the Supervisor: _____ Name of the Co-Supervisor: _____
 Department _____ Department _____
 Institute _____ Institute _____
 Number of students already under guidance _____ Number of students already under guidance _____
 Signature of the Supervisor: _____ Signature of the Co-Supervisor: _____

It is certified that all the details given above are correct and true to the best of my knowledge and belief and nothing has been concealed therein. If any piece of information provide above is found untrue, I shall be liable to face the disciplinary action.

(Signature of the Student)

Recommended/Not Recommended for Registration (Please Tick)
Coordinator /Head of Department/DRC (Chairman)