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| --- | --- |
| Ph.D. Research Scholar Name & University Register Number  |  |
| School & Department  |  |
| Contact Number  |  |
| E-mail id  |  |
| Date of Provisional Registration  |  |
| Registration Mode | Full-Time / Part-time  |
| Research Supervisor Name  |  |
| Co- Supervisor Name, if applicable |  |
| Name of the HOD/Dean of the department  |  |
| Internal Doctoral Committee Member Name  |  |
| External Doctoral Committee Member Name  |  |
| Whether the Scholar has completed all the prescribed course work?  | Yes/ No  |
| Whether the Scholar has secured 60% of marks in the prescribed course work? | Yes/No |
| Whether the Scholar has passed in the Comprehensive Examination?  | Yes/ No |
| Whether the Scholar performance as per the comments of the Internal and External DC member in Research Performance Assessment Report is Satisfactory? | Yes/ No |
| Proposed Thesis Title of the Scholar  |  |
| Proposed Research Area  |  |
| Whether the Scholar can be recommended for confirmation of Provisional Registration?  | Recommended/ Not Recommend  |
| If recommended, please state justification for the recommendation  |  |
| If not recommended, please state justification for non- recommendation. |  |

Research Supervisor

(Signature & Date)

Recommended for Submission and Forwarded

HOD/Dean of the Department

(Signature & Date)

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Provision Confirmation Status of the Scholar: Confirmed/ Not Confirmed

Follow-up Action (If any):

Follow-up Action (Status):

Note:

1. This form shall be typed and printed. Only the signature and date should be handwritten.
2. The format should not be altered. Any alteration in the format will not be accepted.
3. Times New Roman font, size 11 pt., and unbold text should be used.