INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE
JADAVPUR, KOLKATA – 700 032

Internal Form to be submitted by Students for Ph.D Course Enrollment:

NAME OF THE STUDENT:
CONTACT NO OF STUDENT(MOBILE & EXTN):

DEPARTMENT/CENTRE/UNIT:

NAME OF THE SUPERVISOR:

NAME OF THE COURSE INSTRUCTOR:

COURSE TITLE:

YEAR:	***Session- I (Jan-June)***	***Session –II (July-December)***

UNIVERSITY OPTED FOR REGISTRATION(JU/CU):

REGISTRATION NO: ***(Compulsory for those registered with JU):***

Signature of Student
Date:

Signature of Supervisor
Date:

Signature of Course Instructor
Date:

The filled-up form duly signed by all should be sent to the Ms. Saswati Bhattacharya, at Organic Chemistry Office of IACS within 15 days of commencement of session.