



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

Students Registration Form for Ph.D Coursework

NAME OF THE STUDENT:	
CONTACT NO OF STUDENT (Mobile+Extn):	
NAME OF THE SCHOOL :	
NAME OF THE SUPERVISOR:	
DATE OF JOINING AT IACS:	Enrollment No./Roll No.:
Joining Date Of Course No.1:	in Spring/Autumn Semester (Year)
Joining Date Of Course No.2:	in Spring/Autumn Semester (Year)
COURSE TITLE:	
NAME OF THE COURSE INSTRUCTOR(S):	
YEAR:	Autumn Sem (August -December) <input type="checkbox"/>
	Spring Sem (January – May) <input type="checkbox"/>

Course opted for : [JU+IACS]	[CU+IACS]	[IACS]
-------------------------------------	-----------	--------

REGISTRATION NO: (Compulsory for those opted the course for [JU+IACS]):
NATURE OF FELLOWSHIP:
<u>Institute/IntPCS</u>
<u>Self Financed (CSIR/Project/Inspire/IntPCS)</u>
<u>Others</u>

Signature of Student
Date:

Signature of Supervisor
Date:

Signature of Course Instructor
Date:

The filled-up form duly signed by all above should be sent to the Academic Office by the last date as decided by the Academic Office.