



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

**Students Registration Form for Ph.D Coursework**

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

<b><u>NATURE OF FELLOWSHIP:</u></b> <b><u>Institute/IntPCS</u></b> <b><u>Self Financed (CSIR/Project/Inspire/IntPCS)</u></b> <b><u>Others</u></b>
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**Signature of Student**  
**Date:**

**Signature of Supervisor**  
**Date:**

**Signature of Course Instructor**  
**Date:**

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**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.**