



INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE
2A & 2B, Raja S.C. Mullick Road, Jadavpur, Kolkata 700 032. India
Telephone: (91) 33 24734971, Fax: (91) 33 2473-2805, E-mail:

Application for registration for Ph.D. Programme

1. Name of the applicant (In capital letters): _____

(as per qualifying degree)

2. Roll No: _____

3. Category: Institute Fellow/CSIR/UGC/Inspire/Project/Others

4. Birth Category: GN/SC/ST/PH

5. School: _____

6. Date of Birth (DD/MM/YEAR): _____

7. Address (In capital letters): _____

8. Date of Joining the Institute: _____

(Enrolment and Signing the Attendance in the Department)

9. Course work completed for the entire Programme

Year	Semester	Course No.	Course Title	No. of Credits

(to be filled in consultation with the faculty adviser)

10. Date of completion of comprehensive Examination: _____

11. Proposed Thesis Title (please provide write up ½ page on the proposed topic)

12. Receipt no. of registration payment: _____

I request that I may be admitted to the Ph.D Programme. I promise to abide by the rules and discipline of the Institute.

Date:

Signature of Applicant

Name of Supervisor: _____

School: _____

Designation:

Name of Co-supervisor: _____

School: _____

Designation:

Name of Faculty members 1. _____ 2. _____

Members of Research Advisory Committee (RAC)

CERTIFICATE BY THE SUPERVISOR

At present I am supervising _____ (number in words) candidates for Ph.D.

In addition to above, I agree to supervise Ms./Mr. _____

Signature of co-supervisor

Signature of Supervisor

Remarks, if any:

Date: _____

Signature of School Chairman

To be Filled by Academic Office, IACS

Registration Number		
Signature of the Assistant Registrar (Academic Office)	Signature of Co-ordinator	Signature of the Dean (PhD)