

ৰবীন্দ্ৰনাথ ঠাকুৰ বিশ্ববিদ্যাল্য

Rabindranath Tagore University Hojai-782435, Assam, India

APPLICATION FORM FOR PROVISIONAL REGISTRATION FOR Ph.D DEGREE

A]	Tick (✓) the box whichever is applicable for you. ☐ Qualified UGC NET/UGC-CSIR,NET/GATE/CEED ☐ RTU RET ☐ Overseas candidate	Affix latest self attested passport size photograph				
B]	Department in which you intend to get registered:					
C]] Do you belong to any of the following categories specified?					
	SC ST OBC PWD EWS					
D]	Ph.D Enrolment No.:					
E]	RTU Registration No.:					
	Registration No.					
	1. Name of the candidate. (in block letters) 2. Mother's name:					

7.	Present Address:					
8.	(a) Nationality:					
	(Visa should be enclosed in case of foreign candidate)					
9.		ils of the Examination passed : (Enclose documentary evidence for these in these columns)				
	Name of the Examination	Board/	Year of	Subject(s)	Percentage of	
	HSLC/ Equivalent Examination of 10 th level	University	passing		Marks/Grade	
	HS/Equivalent Examination of 10+2 level					
	Bachelor degree					
	Master degree					
	Any other degree					
	PhD Course Work					
10.	Name and address Course work :	s of institution	from whe	re you have Comp	oleted the	
11.	Whether previous	sly/presently	employed	? Yes 🗖	No 🗖	
	If yes, (i) Name of the Employer(No Objection Certificate should be enclosed)					

12.		at Post-Graduate:
13.	If M. Phil degree is already awarde	d, the title of the dissertation:
15.	rk (in block letters)	
16.		c (to be enclosed):
17.		upervisor (proposed):
	o-supervisor (proposed) if any:	
18.	Provisional Registration fee paid	d vide receipt NoDtDt
	Whether previously or currently reguniversity	gistered in any PhD Program in any other
	Yes No No	
	If so, give the details	
Da	te :	Signature of the candidate
	RECOMMENDATION	N OF THE GUIDE/ SUPERVISOR
rese	•	n the title stated in the application. I recommend his / n for PhD program.
Date	:	Signature of the Supervisor (proposed)
	RECOMME	NDATION OF THE DRC
Гhe	provisional registration of Shri/	Smt
for F	h.D programme is recommended	
Date	:	HoD / Chairperson, DRC
		Department of

FOR OFFICE OF THE ACADEMIC REGISTRAR

1. Name of the candidate:
2. Department:
3. Title of the proposed research work:
4. Name and designation of the Supervisor(s):
(i)
(ii)
5. Date of Registration:
6. Due date for Final Registration
7. Condition(s) if any, attached by the School Board at the time of approval:
8. Result of Course Work Exam:
Signature of the Academic Registrar(Office seal)
Date: