



BIKANER TECHNICAL UNIVERSITY, BIKANER
बीकानेर तकनीकी विश्वविद्यालय, बीकानेर
OFFICE OF THE DIRECTOR ACADEMIC AFFAIRS

APPLICATION FORM FOR THESEMESTER REGISTRATION
OF Ph. D. RESEARCH SCHOLARS
(To be filled from II semester onwards)

- A.** 1. Name of Research Scholar:.....
2. Enrolment No:
3. Date of initial Registration:.....
4. Registration status (Full-Time/Part-Time):
5. Title of Research
.....
.....
6. Address along with phone numbers
.....
.....
Email ID: _____ Landline/Mobile No. _____
7. Details of fees deposited (enclose copy)
Challan No..... Date.....

Date.....

Signature of Applicant

B. To be filled in by the supervisor (s)

1. Department /Center/Research Center in which the applicant is registered.....
2. Status of course work

S. No.	Course Name	Status of the Course work* (pass/fail/reappearing/detained/result awaited)
1.	Research Methodology	
2.	Literature Review	
3.		
4.		

(* Please attach the copy of mark sheet of declared result)



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3. Performance & Recommendation (Satisfactory/Unsatisfactory)

.....
.....

4. Name (s) and address (es) of Supervisor (s)

- I.
II.

(Signature of Supervisor (s))

C. Forwarding note of the Head of Research Centre/Centre/Director

The Registration Form of Mr./Ms is
forwarded for registration in semester as PhD Research Scholar.

(Signature and Seal of the Head of Research Center/Center Director)

(Registration form is to be sent to Director, Academic Affairs Office, BTU Bikaner for further processing)

D. Recommendation of the DRC Chairperson

It is recommended to register

Mr./Ms.....in.....semester as Research
Scholar.

Date:

Signature of Chairperson, DRC

E. For use of Dean Research Office

On the basis of the above recommendations the Registration is approved/not approved.

Dean Research