



BIKANER TECHNICAL UNIVERSITY, BIKANER

बीकानेर तकनीकी विश्वविद्यालय, बीकानेर

OFFICE OF DEAN RESEARCH

APPLICATION FOR COURSES TO BE COMPLETED

- A.1 Name of the Ph.D. candidate: _____ Enrollment No.: _____
2. Department/Centre: _____
3. Date of Initial Registration: _____
4. Category: FT/PT: _____
5. Proposed Area of Research _____

B. Courses proposed to be completed:

S. No.	Semester	Session	Course Name	Credits	Remarks
1.					
2.					
3.					
4.					
5.					

Dated: _____

Signature of Ph.D. candidate

Research Advisory Committee (RAC) discussed candidate's educational background, research area and credit requirements and approved the contents as mentioned under point-B.

Member RAC

Name and signature:

Supervisor

Name and signature:

Head of the Deptt.

Name and signature:

Recommended as above.

Chairperson, DRC:

Dated: _____

FOR USE OF DEAN OFFICE

Checked and found okay as per Regulation / Revision is requested under

Dean (Research), BTU