No. IU/DS/006/23-24

PRE-PH.D PERMISSION REQUEST FORM

Date:……

1. Name of the Candidate:……
2. Department:……..
3. Faculty:…….....
4. Enrollment no. with date of registration:……..
5. Status (Full Time/Part Time):……
6. Research Title:……..
   ……..
7. Supervisor:……
8. Co-Supervisor:……
9. Course Work Status:……
10. Number of RDC's attended by the candidate till date:……
11. Total years completed:……..
12. Work/Objectives completion Status :……..
13. Fee Status till date:……..
    (Attach receipts)
14. Published papers details during Ph.D duration:

Sl. No.	Title	MCN Number	Conference Presentation	Journal	Indexing Scopus/SCI/Other	Q1/Q2 Indexing status

(Attach front page of each paper)

Signature of candidate

Comments of Supervisor /Co-Supervisor

☐ Research objectives…….
☐ Research papers……..
☐ Research work ……
☐ Candidate has attended ……..days during the tenure.

Recommendation by Supervisor/Co-Supervisor:-
……
……
……

Name & Signature of Supervisor/Co-Supervisor

Note: - Pre-Ph.D request recommended and verified by the supervisor and HoD is to be attached.

HoD
Dean