

**Office of the Controller of Examinations**

**Ph.D. Course Work Registration for ………………… Examinations**

|  |  |
| --- | --- |
| Register Number |  |
| Name |  |
| Department |  |
| No. of Courses |  |
| **Course-1** | |
| Course Code and Title |  |
| Core/Elective |  |
| Course Offered in | Semester: Regulations:  Degree and Branch: |
| **Course-2** | |
| Course Code and Title |  |
| Core/Elective |  |
| Course Offered in | Semester: Regulations:  Degree and Branch: |
| **Course-3** | |
| Course Code and Title |  |
| Core/Elective |  |
| Course Offered in | Semester: Regulations:  Degree and Branch: |
| **Course-4** | |
| Course Code and Title |  |
| Core/Elective |  |
| Course Offered in | Semester: Regulations:  Degree and Branch: |

Enclose i) copy of the permission letter obtained from the Principal of the institution for doing the course(s) and ii) copy of course work registration form submitted to Centre for Research, Anna University.

Exam fee has to be paid in the college office/online on or before the due date, after the announcement of fee payment information in the website.

**Signature of the Scholar**

**Signature of the Supervisor**

**Signature of the HoDs of the Departments Offering the Course(s) Principal**

**……………………………………………………………………………………**

**For Office Use**

**Entered and verified by:**

**Controller of Examinations**