

**Office of the Controller of Examinations**

**Ph.D. Scholar’s Profile for Course Work Registration**

(to be submitted only one time by a scholar)

|  |  |
| --- | --- |
| Department |  |
| Register Number |  |
| Name |  |
| Gender |  |
| Date of Birth |  |
| Parent Name |  |
| Community |  |
| Religion |  |
| Country |  |
| State |  |
| City |  |
| Pin Code |  |
| Address |  |
| Mobile Number |  |
| Email |  |
| Aadhaar Number |  |

Enclose i) copy of the provisional registration letter obtained from the Centre for Research, Anna University and ii) copy of the minutes of the first DC meeting.

Send soft copy of passport size photo to controlleroffice@care.ac.in. The file format shall be jpg, and size shall be less than or equal to 100 kb. The file name of the soft copy of the photo shall be the register number of the scholar. Note: This photo will be printed in the grade sheet.

**Signature of the Scholar**

**Signature of the HoD of the Supervisor Signature of the Supervisor**

**Dean-R&D Principal**

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**For Office Use**

**Entered and verified by:**

**Controller of Examinations**