



SATHYABAMA UNIVERSITY

(Established under section 3 of the UGC Act, 1956)
Accredited with B++ Grade by NAAC
(A Christian Minority Institution)

JEPPIAAR NAGAR, OLD MAMALLAPURAM ROAD, CHENNAI – 600 119.

FORM 4



Ph.D. PROGRAMME ENROLMENT FORM REGISTRATION / RENEWAL JANUARY 200 / JULY 200

Reference No :

Registration No Name in Block Letters :

Address with Phone No. & Email

Year of Admission

Month	Year

Date of Joining

Date	Month	Year

Academic Category : Full Time Part- Time (Internal) Part- Time (External)

Faculty

Supervisor's Name

Number of course work registered in this Semester

Number of course work completed

Date of Confirmation

Date	Month	Year

Date of Expiry of the Ph.D. Programme

Date	Month	Year

Fees Details (Enclose copy)

D.D. No., Bank & Date	Amount

Date of submission of Half yearly Progress Report
(Enclose Copy)

Declaration

I _____ doing the Ph.D Programme

1. as Full time scholar state that I am not employed anywhere
2. as Part-time (Internal) Scholar / Project staff that I am working in this University and the copy of appointment order is enclosed.
3. as Part-time (External) scholar state that I am working in the institution as mentioned in the application form.

Date : _____ Signature of the Research Scholar

Date : _____ Signature of the Supervisor