	Research and Development formats	Doc No		AR -1
		Rev. No.	01	
		Date	03-10-2016	
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Permission Request Form for carrying Ph.D. /M.S. (By Research) at TCE
 (Permission to be obtained prior to the submitting of application to the University)

Date:

Name of the applicant				Program applied: Ph.D. / M.S. (by Research)			
Address		Office:		Residence:			
Phone		Mobile		Email			
Department in which the candidate intend to register				University			
Name of the supervisor under whom the candidate wishes to pursue his/her Ph.D. /M.S.				Mode: Full Time / Part Time			
Details of scholars undergoing Ph.D. / M.S under the supervisor (including joint supervisor ship and the applications under process)							
S. No	Name of the Scholar	Supervisor / Joint Supervisor	Program (Ph.D. / M.S)	Month and Year of Registration	Full Time / Part Time	University Registration Number	TCE Roll Number
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Undertaking by the scholar: I hereby agree to abide by the rules and regulations of TCE. I understand that I need to manage the recurring expenses with my own funding and the facility allotted by the department.

Forwarded

Recommended

Approved

Signature of the Candidate

Signature of the Supervisor

Signature of the HOD of the supervisor

Dean (R&D)/Registrar

Revised by academic research section

	Research and Development formats	Doc No	QR/C8-04	AR -2
		Rev. No.	01	
		Date	03-10.2016	
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Ph.D. /M.S. (Research) Registration

Period: Jan/July 20__ to June/Dec 20__

Date:

Name of the Research Scholar :

Address for Communication :

E-mail :

Mobile :

Program & Type (please tick) : PhD /M.S. (Research) - Full Time / Part Time - External / TCE faculty

Name of the Supervisor :

Supervisor's Department:

Research Topic :

Name of the University :

Univ. Registration No. & Date :

TCE Roll Number :

Date of Enrolment at TCE :

TCE Research fee particulars : Break up details need to be furnished

S. No.	Particulars.	Date	Receipt No.	Amount

Verified
Approved

Forwarded / Recommended

Forwarded / Recommended

Signature of the Scholar

Signature of the Supervisor

Signature of the HOD of the supervisor

Dean (R&D) / Registrar

Principal

Revised by academic research section

	Research and Development formats	Doc No		AR -3
		Rev. No.	01	
		Date	03-10.2016	
		Page No.		

ID Card Requisition (New) / Renewal form (After regular period)
[Ph.D / MS. (By Research) Scholars]

Name of the Research Scholar:	Department:	Program & Type (please tick) : PhD /M.S. - Full Time / Part Time - External / TCE faculty
Name of the Supervisor:	TCE Roll Number:	Date of Enrolment at TCE:
Office Address:	Residential Address:	University Registration Details: Date of Admission: Registration No.:
Phone:	Mobile:	Email:
Date of Birth:	Age:	Blood Group:
Research fee payment details for the current period:		ID Card Validity Period: From Jan / July 20_____ to June / Dec 20 _____

Verified

Forwarded / Recommended

Approved

Signature of the Scholar

Signature of the Supervisor

Signature of the HOD of the supervisor

Dean (R&D)/Registrar

Revised by academic research section

	Research and Development formats	Doc No		AR -4
		Rev. No.	01	
		Date	03-10.2016	
		Page No.		

Library Access Registration (NEW) / Renewal form (For extension after regular period)
[PhD /MS. (By Research) Scholars]

Name of the Research Scholar:	Department:	Program & Type (please tick) : PhD /M.S. - Full Time / Part Time - External / TCE faculty
Name of the Supervisor:	TCE Roll Number:	Date of Enrolment at TCE:
Office Address:	Residential Address:	University Registration Details: Date of Admission: Registration No.:
Phone:	Mobile:	Email:
Research fee payment details for the current period:		Validity Period: From Jan / July 20____ to June / Dec 20____

Verified

Forwarded / Recommended

Approved

Signature of the Candidate

Signature of the Supervisor

Signature of the HOD of the supervisor

Dean (R&D)/Registrar

	Research and Development formats	Doc No		AR -5
		Rev. No.	01	
		Date	03-10.2016	
		Page No.		

**TAMS Registration form - Only for Full Time Scholars
 [PhD /MS. (By Research)]**

Name of the Research Scholar:	Department:	Program & Type (please tick) : PhD /M.S. - Full Time / Part Time - External / TCE faculty
Name of the Supervisor:	TCE Roll Number:	Date of Enrolment at TCE:
Office Address:	Residential Address:	University Registration Details: Date of Admission: Registration No.:
Phone:	Mobile:	Email:
If Research associate, please furnish the following:		
Name of the Project:	Designation:	Period of Appointment:
Research fee payment details for the current period:		Validity Period: From Jan / July 20_____ to June / Dec 20 _____

Verified

Forwarded / Recommended

Approved

Signature of the Scholar
(R&D)/Registrar

Signature of the Supervisor

Signature of the HOD of the supervisor

Dean

Revised by academic research section

	Research and Development formats	Doc No	QR/C8-04	AR -6
		Rev. No.	01	
		Date	03-10.2016	
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Ph.D. /M.S. (Research) Renewal

Period: Jan/July 20__ to June/Dec 20__

Date:

Name of the Research Scholar :

Address for communication :

E-mail :

Mobile :

Program & Type (please tick) : PhD /M.S. (Research) - Full Time / Part Time - External / TCE faculty

Name of the Supervisor :

Supervisor's Department:

Research Topic :

Name of the University :

Univ. Registration No. & Date :

TCE Roll Number :

Date of Enrolment at TCE :

TCE Research fee particulars : To be furnished up to the current period

S. No.	Date	Receipt No.	Amount	S. No.	Date	Receipt No.	Amount
1				7			
2				8			
3				9			
4				10			
5				11			
6				12			

Verified

Forwarded / Recommended

Approved

Signature of the Scholar

Signature of the Supervisor

Signature of the HOD of the supervisor

Dean (R&D) / Registrar

Revised by academic research section

	Research and Development formats	Doc No	QR/C8-05	AR -7
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Half Yearly Progress Review Report (HYPRR)

Period: Jan/July 20____ to June/Dec 20____

Date:

Name of Research Scholar : _____ **TCE Roll No** : _____
Name of the Supervisor : _____ **Supervisor's Department** : _____
Date of registration : _____ **Area and objectives of the Research Work** : _____
Milestones completed (Status) : _____
Hardware /Software purchased : _____
Publications made so far : _____
Works to be completed : _____

TCE Research fee particulars : To be furnished up to the current period

S. No.	Date	Receipt No.	Amount	S. No.	Date	Receipt No.	Amount
1				6			
2				7			
3				8			
4				9			
5				10			

Copies of the publications enclosed.

Signature of the Scholar:

Remarks and recommendation of the committee:


Signature of the Supervisor

Signature of Reviewer 1

Signature of Reviewer 2

HOD

Revised by academic research section

	Research and Development formats	Doc No		AR -8
		Rev. No.	00	
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**Permission for course work registration
 [PhD /MS. (By Research)]**

Name of the Research Scholar:	Department:	Program & Type (please tick) : PhD /M.S. - Full Time / Part Time - External / TCE faculty
Name of the Supervisor:	TCE Roll Number:	Date of Enrolment at TCE:
Office Address:	Residential Address:	University Registration Details: Date of Admission: Registration No.:
Phone:	Mobile:	Email:

I request your kind permission for me to enroll the following courses during ODD / EVEN semester, 20__ to 20__.

S. No.	Course Code	Course Name	Name of the Program	Course Coordinator	Signature of the Course Coordinator	Signature of the HOD of the Course Coordinator
1						
2						
3						
4						

If you have already undertaken courses in the previous semesters, indicate the code number and name of the courses:

Fee payment details : Amount: Rs. _____ Date: _____ Chalan No.:

Signature of the Scholar: _____

Verified _____ Forwarded / Recommended _____ Forwarded / Recommended _____ Approved / Not approved _____

Supervisor

HOD of the supervisor

Dean (R&D)

Registrar / Principal

Revised by academic research section

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Requisition of permission for the conduct of meeting (DC/ Synopsis/final report)
[PhD /MS. (By Research)]

Name of the Research Scholar:	Department:	Program & Type (please tick) : PhD /M.S. - Full Time / Part Time - External / TCE faculty
Name of the Supervisor:	TCE Roll Number:	Date of Enrolment at TCE:
Office Address:	Residential Address	University Registration Details: Date of Admission: Registration No.:
Phone:	Mobile:	Email:
Purpose of Meeting:		
Time of the meeting:	Date of the meeting:	Venue of the meeting:

Forwarded / Recommended

Approved / Not approved

Signature of the Scholar

Signature of the Supervisor

Signature of the HOD of the supervisor

Revised by academic research section

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NO DUES Certificate - PhD /MS. (By Research)

Name of the Research Scholar:		Department:	Program & Type (please tick) : PhD /M.S. - Full Time / Part Time - External / TCE faculty	
Name of the Supervisor:		TCE Roll Number:	Date of Enrolment at TCE:	
Office Address:		Residential Address:	University Registration Details: Date of Admission: Registration No.:	
Phone:		Mobile:	Email:	
S. No.	Particulars	Certificate	Authorized Signatory	Signature
1	Thesis copy to Library	Submitted one copy of the thesis to the Library	Librarian	
2	No dues in Library	Returned all the books, Journals library cards and other library materials	Librarian	
3	No dues in Accounts Section	Paid for all semesters from the date of registration till today	Manager – Account section	
4	No dues in Lab ()	Returned all the materials used during the course	Lab-in-charge	
5	No dues in Lab ()	Returned all the materials used during the course	Lab-in-charge	
6	No dues in Lab ()	Returned all the materials used during the course	Lab-in-charge	
7	No dues in Dept. Library	Returned all the books, Journals library cards and other library materials	Dept. Lib-in-charge	
8	Any other (To be indicated)			
9	Any other (To be indicated)			

Signature of the Scholar: _____

Verified

Forwarded / Recommended

Forwarded / Recommended

Approved


Supervisor

HOD of the supervisor

Dean (R&D)

Registrar / Principal

Revised by academic research section

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THESIS COPY SUBMISSION at TCE Main Library

Name of the Research Scholar:		Department:	Program & Type (please tick) : PhD /M.S. - Full Time / Part Time - External / TCE faculty	
Name of the Supervisor:		TCE Roll Number:	Date of Enrolment at TCE:	
Office Address:		Residential Address:	University Registration Details: Date of Admission: Registration No.:	
Phone:		Mobile:	Email:	
S. No.	Particulars	Certificate	Authorized Signatory	Signature
1	Thesis copy to main Library	Submitted one copy of the thesis to the Library	Librarian	

Signature of the Scholar: _____


Verified

Supervisor

Approved for Viva Notification

HOD of the supervisor

Revised by academic research section

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PhD /MS. (By Research) - Permission letter request for Change of Supervisor / Inclusion of Joint Supervisor

Name of the Research Scholar:		Department:		Program & Type (please tick) : PhD /M.S. -			
				Mode: Full Time / Part Time - External / TCE			
				faculty			
Name of the Supervisor:		TCE Roll Number:		Date of Enrolment at TCE:			
Office Address:		Residential Address:		University Registration Details:			
				Date of Admission:			
				Registration No.:			
Phone:		Mobile:		Email:			
Name of the New Supervisor / Joint Supervisor:		Reason for the change:					
Details of scholars undergoing Ph.D. / M.S under the New Supervisor / Joint Supervisor (including joint supervisor ship and the applications under process)							
S. No	Name of the Scholar	Supervisor / Joint Supervisor	Program (Ph.D. / M.S)	Month and Year of Registration	Full Time / Part Time	University Registration Number	TCE Roll Number
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Signature of the Scholar: _____

Verified

Forwarded / Recommended

Forwarded / Recommended

Approved / Not approved


Supervisor

HOD of the supervisor

Dean (R&D)

Registrar / Principal

Revised by academic research section

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		Date	03-10.2016	
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Caution Deposit refund claim form [Ph.D. /M.S. (Research)]

Date:

Name of the Research Scholar :

Address for communication :

E-mail :

Mobile :

Program & Type (please tick) : PhD /M.S. (Research) - Full Time / Part Time - External / TCE faculty

Name of the Supervisor :

Supervisor's Department:

Research Topic :

Name of the University :

Univ. Registration No. & Date :

TCE Roll Number :

Date of Enrolment at TCE :

Date of Viva-Voce Examination :

Details of fees paid at the time of registration (Copy of AR2 form should be enclosed):

S. No.	Particulars.	Date	Receipt No.	Amount

Verified

Forwarded / Recommended

Approved for refund of caution deposit

Signature of the Scholar

Signature of the Supervisor

Signature of the HOD of the supervisor

Dean (R&D) / Registrar

Revised by academic research section