



Research and Development formats

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AR -1

Permission Request Form for doing Ph.D. /M.S. (By Research)

Date:

(Permission to be obtained prior to submitting application to the University and submitted to department)

| | | | |
|--|--------|---|--|
| 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 |
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Verified

Forwarded / Recommended

Approved / Not approved

Signature of the Candidate

Signature of the Supervisor

Signature of the HOD of the supervisor

Principal



Research and Development formats

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Ph.D. /M.S. (Research) Registration / 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 |
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Verified

Forwarded / Recommended

Approved / Not approved

Signature of the Candidate

Signature of the Supervisor

Signature of the HOD of the supervisor

Principal



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AR -3

Ph.D / MS. (By Research) Scholars' ID card Requisition/ Renewal form (For issue after regular period)

| | | |
|--|---|--|
| 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 / Not approved

Signature of the Candidate

Signature of the Supervisor

Signature of the HOD of the supervisor

Principal



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AR -4

PhD /MS. (By Research) scholars - Library Access Registration/ Renewal form ((For extension after regular period)

| | | |
|--|----------------------|--|
| 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 / Not approved

Signature of the Candidate

Signature of the Supervisor

Signature of the HOD of the supervisor

Principal



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PhD /MS. (By Research) - TAMS Registration form - Only for Full Time Candidates

| | | |
|--|----------------------|--|
| 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: |
| 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 / Not approved

Signature of the Candidate

Signature of the Supervisor

Signature of the HOD of the supervisor

Principal



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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 guide : Supervisor's Department :

Date of registration : Area and objectives of the Research :

Milestones completed (Status) :

Hardware /Software purchase :

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 |
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Verified

Forwarded / Recommended

Approved / Not approved

Signature of the Candidate

Signature of the Supervisor

Signature of the HOD of the supervisor

Principal



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PhD /MS. (By Research) - Permission letter request for conduct of meetings (DC/ Synopsis/final report)

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|-------------------------------|----------------------|--|
| 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: |
| Time of the meeting: | Date of the meeting: | Venue of the meeting: |

Verified

Forwarded / Recommended

Approved / Not approved

Signature of the Candidate

Signature of the Supervisor

Signature of the HOD of the supervisor

Principal



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

| 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 Lib | 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 | 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. Lib | 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) | | | |

Verified

Forwarded / Recommended

Approved / Not approved

Signature of the Candidate

Signature of the Supervisor

Signature of the HOD of the supervisor

Principal



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

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|--|------------------------|--|
| 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 |
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Verified

Forwarded / Recommended

Approved / Not approved

Signature of the Candidate

Signature of the Supervisor

Signature of the HOD of the supervisor

Principal