



যাদবপুর বিশ্ববিদ্যালয়

JADAVPUR UNIVERSITY
KOLKATA-700 032

FORM FOR COURSE REGISTRATION FOR PH.D.SCHOLARS
(UNDER F.E.T./F.SC./F.A./FISLM).

DEPARTMENT/SCHOOL/INSTITUTION _____
(in which registered for Ph.D.)

(ENROLMENT FOR SEMESTER: JULY/DECEMBER, JANUARY/JUNE)

1. Name in full (in Block letters) : _____
2. Sex(Male/Female) : _____
3. Address for Communication: _____

4. Phone No. _____ Mobile No. _____
5. Course Taken:

Sl.No.	Name of Subject/course	Subject Code	Dept./School/Institution under which subject offered
1.			
2			
3			
4			

Date: _____

Signature of the student in full

Head of the Department/Director of School

Supervisor(s)

Signature of the Dean, Faculty of _____

Registration No. _____ of _____

Date of Registration _____

Superintendent, Ph.D. Cell, Faculty of