

**PhD COMPREHENSIVE EXMINATION  
REGISTRATION FORM****Semester:** \_\_\_\_\_

I wish to register for an Off-line Comprehensive Examination

Registration No.: \_\_\_\_\_ Name \_\_\_\_\_

Department: \_\_\_\_\_ Program: \_\_\_\_\_

Previous number of attempts: \_\_\_\_\_ Date last appeared: \_\_\_\_\_

<b>Independent Research Study Information (Mandatory)</b>			
<b>Particulars</b>	<b>Independent Research Study – I</b>	<b>Independent Research Study – II</b>	<b>Remarks</b>
Semester:			
Grade:			
Topic:			
Advisor Name:			

I understand that the degree will not be awarded to me if I fail to pass the Comprehensive Examination.

\_\_\_\_\_  
Student's Signature & Date**For Use Only**

Rs. _____ paid on _____	_____ Finance Office
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Exam Date: _____	_____ Examination Office
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