

**RAIGANJ UNIVERSITY**  
*Open Seminar presented for Ph.D. Registration*

*Prescribed format for submission of the Report by the Departmental Committee*

1	Name of the Candidates	
2	a) Name of the Supervisor	
	b) Name of the Co-Supervisor	
3	a) Subject	
	b) Field/Specialisation	
	c) Title of the Ph.D. Thesis	
4	Date of presentation of the Open Seminar	
5	Date of meeting of the Departmental Committee	
6	Whether the Synopsis is fit for registration without any modification	
7	Whether the synopsis should be accepted for registration with incorporation of certain suggestions as tendered by the Departmental Committee, (If yes, please enclose the said suggestions)	
8	Whether the Synopsis should be revised and re-submitted for a second presentation (If yes, please enclose the reasons and suggestions, to be sent to the candidate)	
9	Any other remarks	
10	Resolution of the Departmental Committee (Please enclose one copy in original)	

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Signature with Seal of the Head



Raiganj University  
Candidate for Ph.D. Degree

Form for Registration of

1. Name of the Candidate and designation, if any:
2. Permanent Address:
3. Present Address:
4. Occupation, if employed, Name & Address of the employer:
5. Academic Qualifications:
  - A) U. G. Degree:  
College.....University.....  
Subject.....Year of Passing.....% of Marks.....
  - B) P. G. Degree:  
College.....University.....  
Subject.....Year of Passing.....% of Marks.....  
Class/Grade.....
  - C) M. Phil Degree:  
Awarded(Y/N).....University.....  
Subject.....Year of Passing.....Title of the  
Dissertation.....
6. Date of admission in Ph.D. Programme.....  
(Attached Photocopy of Admission Receipt)
7. University Registration No.....
8. A) Proposed title of the Ph.D.  
Dissertation.....  
.....  
B) Subject.....  
.....  
D) Title of the Synopsis.....

.....  
(Ten copies of the synopsis duly signed by the candidate and countersigned by the supervisor, if any, must be submitted with this application)

9. A) Name, Designation & Address of the Supervisor, if any.....  
.....  
.....
- B) Name of Co-Supervisor(S), if any.....
- C) Whether independent research is intended.....
- E) Whether full time/part-time research is intended.....
10. I declare that I am not enrolled as a student in any course of study or registered for the Ph.D/D.Litt/D.Sc. or, any other degree in any University and undertake not to become so enrolled or registered until the final adjudication of the thesis is completed at this University.

Signature of the Candidate

(To be filled by the Supervisor who guides the candidate and the Head of the Department/Director of the centre of the University)

I certify that..... intends to carry on/ has been carrying on/ has carried on research in.....since..... in the title.....  
.....

I recommend his/her application for registration for Ph.D. Degree.

Signature and Seal of the Supervisor

Recommendation of the Head of the Department/Director of the Centre

Signature and Seal of the H.O.D.