

Name & code of the PhD student

Are you eligible for waiver from doing the course work (If yes, furnish the details)

Registration number

regulations of the Institute.

Date:

Name of the Guide

श्री चित्रातिरुनालआयुर्विज्ञानऔरप्रौद्योगिकीसंस्थान, त्रिवेंद्रम, केरल- 695 011, भारत (एकराष्ट्रीयमहत्वकासंस्थान, विज्ञानएवंप्रौद्योगिकीविभाग, भारतसरकार) SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM KERALA - 695 011, INDIA

(An Institution of National Importance, Department of Science and Technology, Govt. of India)

टेलीफॉन नं/ . Telephone No. 2443152-0471फाक्स/Fax2446433 , 2550728-0471

ई-मेल/E-mail :sct@sctimst.ac.in वेबसाइट/ Website : www.sctimst.ac.in

Form No.: PhD/20

DIVISION OF ACADEMIC AFFAIRS

Application for the Registration of Course Work

:

| | work modules suggested by DAG tional sheets if required) | C are | given below: | |
|-------------------------------------|---|-------|--|---------|
| Sl. No. | Course Name/ Code | | Offered at BMT Wing/AMCHSS/Hospital Wing | Credits |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Credits | | | | |
| Recommendation of the Guide | | : | | |
| Signature of the PhD Coordinator(s) | | : | | |

I hereby assure that I will attend the classes regularly and I will abide by the rules and

Routing: Student →Guide →Student →PhD Coordinator →Student →DAA →Student →PhD Coordinator

Signature of the applicant