

Department of
Application for Comprehensive Examination
(Scholar -> Guide ->PhD Coordinator)

Name of the Scholar: _____ **Roll No:** _____ **Scheme:** I/II/III/IV/V

Department/School: _____ **Date of Joining:** _____

Category: FT/DIRECT/JRF/QIP//EXT/EXT-DIRECT/INT/OTHERS (Specify)

Appearance for Examination: First/Second

Broad Research Area: _____

Optional Module from Written Examination Syllabus Chosen by Scholar: _____

Details of Course Work Completed				
Number of credits required as per applicable regulations				For office use
Exemptions in credits, if any, sanction by DC (attach DC minutes)				For office use
Number of credits prescribed by DC (attach DC minutes)				For office use
Sl. No	Code	Course Title	Grade	Remarks

(Add additional rows if required)

Signature of the Scholar with date

Recommendation by Guide(s)

[Guide(s) needs to certify that the scholar has completed the requirements for appearing for the exam]

Name and Signature of Guide(s) with date

For office use

Remarks, if any by PhD Coordinator:

Name and Signature of PhD Coordinator with date