



श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेंद्रम, केरल- 695 011
(एक राष्ट्रीय महत्व का संस्थान, विज्ञान एवं प्रौद्योगिकी विभाग, भारत सरकार)
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM
KERALA – 695 011

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

टेलीफॉन नं. Telephone No. 0471- 2443152 -फाक्स /Fax- 2550728 , 0471- 2446433

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

DIVISION OF ACADEMIC AFFAIRS

APPLICATION FORM FOR COMPREHENSIVE EXAMINATION-PHD

(To be submitted by the PhD Student)

| | | | |
|----|---|---|--|
| 1. | Name & Code of the PhD student | : | |
| 2. | Register No. | : | |
| 3. | Title of Thesis | : | |
| 4. | Name of the Guide | : | |
| 5. | Date of Registration | : | |
| 6. | Details of payment of fee (Original receipt to be attached) | : | |

I hereby certify that I have observed all normal rules and regulations so as to appear for the comprehensive examination and shall stand by it.

Date :

Signature of the candidate

Recommended

Date :

Signature of the Research Guide

Name:

Designation:

May be admitted for the comprehensive examination
YES/NO

Approved/Not Approved

Deputy Registrar

Registrar

Associate Dean (PhD Affairs)