

**SREE CHITRA TIRUNAL
INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY**

DIVISION OF ACADEMIC AFFAIRS

APPLICATION FORM FOR COMPREHENSIVE EXAMINATION - PhD

(To be submitted by the Research Scholar)

1	Name of the candidate	:	
2	Register No.	:	
3	Title of Thesis	:	
4	Name of the Research 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

Signature of the Research Guide

Name:

Date :

Designation:

May be admitted for the comprehensive examination

Yes/No

Deputy Registrar

Associate Dean -PhD Programme