



Format for Change of Registration From Full-Time to Part-Time

Date:

Name of Research Scholar:	
Phone No.:	
Email Id:	
University Seat Number:	
Name of Department	
Title of Research Topic:	
Name of Research Supervisor	
Status of Course Work and Comprehensive Viva-Voce Examination (completed or not)	
Reasons for Change of Registration from Full-Time to Part-Time	

Recommendation and Concurrence from Research Supervisor for Change of Registration	
Validity Period for Part-Time Candidate: Minimum 4 Years and Maximum 7 Years Counted from the Date of Enrolment for Ph.D. (Letter of Acceptance to be given by the Candidate)	Enclose Letter of Acceptance
Remarks by the Head of the Department	

Signature of the Candidate (with date)

Signature of the Research Supervisor

Date:

**Signature of the Head of the Department
Date and Seal**