INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE
JADAVPUR, KOLKATA – 700 032

Students Registration Form for Ph.D Coursework

ROLL NO (to be filled by Academic Office):

NAME OF THE STUDENT:
CONTACT NO OF STUDENT (Mobile+Extn):
DEPARTMENT/CENTRE/UNIT:
NAME OF THE SUPERVISOR:
DATE OF JOINING AT IACS:

COURSE TITLE:
NAME OF THE COURSE INSTRUCTOR:

YEAR: **Autumn Sem (August -December)** **Spring Sem (January – May)**

Course opted for : [JU+IACS] [CU+IACS] [IACS]

REGISTRATION NO:
(Compulsory for those opted the course for [JU+IACS]):

NATURE OF FELLOWSHIP:

Institute/IntPCS

Self Financed (CSIR/UGC/Inspire/Others)

Project

Signature of Student
Date:

Signature of Supervisor
Date:

Signature of Course Instructor
Date:

The filled-up form duly signed by all above should be sent to the Academic Office strictly within the last date as mentioned in Academic Calendar.