



KRISHNA UNIVERSITY

Machilipatnam- 521001, Andhra Pradesh

THE APPLICATION FORM FOR DOCTORAL REVIEW COMMITTEE (DRC) SEMINAR
MPhil/ Ph.D (ALONG WITH 5-COPIES OF SYNOPSIS)

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|----------|--|--|--|--|--|--|--|--|--|--|
| H.T.No | | | | | | | | | | |
| Admn.No. | | | | | | | | | | |

1. Name of the Candidate :
(Block Letters)

2. a) Designation and Name & Address of the :
the organization & pincode

b) Address for correspondence :

c) Cell No./ Land Phone :

d) E-mail Address :

3. Date of Registration :
(Enclose Copy of Admission. Letter Issued
by Krishna University)

4. Name of the Department with Faculty :

5. Title of the Thesis /Dissertation :
(Enclose Admission letter)

Contd...2

6. Is there any change of Title/Topic/Extension :
Yes () No. () (If yes enclose the Proceeding)

7. Fee Receipts :

8. (a). Name of the Supervisor with :
Designation, Address & pincode

Mobile no:

E- mail.ID: _____

9. (a). Name of the Co-Supervisor with :
Designation, Address & pincode

Mobile no:

E- mail.ID:

10. The following enclosures are to be made along with this application in addition to the above.

Encl. copies of:-

- (a) Admission letters,
- (b) Fee Receipts,
- (c) Pre-Ph.D. Mark Memo(**Attested Copy**),
- (d) **Five** copies of synopsis
- (e) one thesis rough draft
- (f) Proceeding of Change of Title /Topic/Extension.If applicable.

Signature of the Candidate

Station:-

Date: -

**Signature of the Co-Supervisor
with Seal**

**Signature of the Supervisor
with Seal**