



# CENTRAL UNIVERSITY OF HARYANA

## Ph.D. Registration Form

1. Scholar Name ..... 2. Gender: .....
3. Father's Name: ..... 4. D.O.B.: .....
5. Mother's Name: ..... 6. Mobile: .....
7. Roll No. : ..... 8. Email Id:.....
9. Category: UR/OBC/SC/ST/PwD..... 10. Religion: .....
11. Aadhar Number: ..... 12. Date of Admission: .....
13. School Name: ..... 14. Discipline/Subject: .....
15. Research Topic: .....
- .....
16. Supervisor's Detail:
- Name: ..... Designation: .....
- Mobile Number: ..... Email Id: .....
17. Co-Supervisor's Detail (if any):
- Name: ..... Designation: .....
- Mobile Number: ..... Email Id: .....
18. Course work Completed (YES / No) - Give Details such as CGPA, Etc.....
19. Date of DRC: .....
20. Date of BOS: .....
21. Registration valid up to:.....
22. Mode of Study (Part Time/Regular): .....

Paste Here One  
Recent Passport  
Size Color  
Photograph  
(Self Attested)  
(DO NOT  
STAPLE)

I hereby declare that the particulars furnished in this application are true and correct to the best of my knowledge and belief. In case any particulars furnished in this application are found false, I agree to forfeit my registration, no matter at what stage of the programme. I also abide by the rules and regulations of the Ph.D. programme of the central University of Haryana, changed from time to time, which will be uploaded on the University Website: <http://www.cuh.ac.in>

Date:  
Place:

Signature of Scholar

Remarks of HOD/TIC

Signature of Supervisor

Signature of HOD/TIC