



Gautam Buddha University
School of _____

Office Copy

Registration Form (Odd/Even Semester 20__)

Name of the Programme: Ph.D. (Full Time / Working Professional) Date: _____

Name of Scholar: _____ Father Name: _____

Roll No.: _____ Contact No.: _____ Email: _____

Name of Supervisor (s): _____

Year of Admission & Date of RAC: _____

Fee Receipt Number: _____ Date of Receipt _____ Amount _____

Above mentioned student is provisionally registered in Ph.D. programme for Odd/Even Semester 20__.

Signature of Supervisor

Signature of HOD

Signature of Research Coordinator



Gautam Buddha University
School of _____

Student Copy

Registration Form (Odd/Even Semester 20__)

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