

MANIPAL UNIVERSITY JAIPUR

ACADEMIC REGISTRATION FORM

(_____ to _____)

Course: Ph.D. Programme

Department: _____

(IN BLOCK LETTERS)

1. **Name of the Student:** _____

2. **Name of Parents**

a) **Father's Name:** _____

b) **Mother's Name:** _____

3. **Mobile No. :** _____

4. **Email ID:** _____

5. (a) **Name of the Supervisor:** _____

(b) **Name of the Co-supervisor & affiliation:** _____

6. **Candidature:** Full-Time ☐ Part-Time (Internal) ☐ Part-Time (External) ☐

7. **Date of Registration:** ____/____/____

8. **Registration No.** _____

9. **Details of Fee Paid**

(Amount of Rs. _____ in favour of "Manipal University Jaipur" payable at Jaipur.)

DD No. : _____ Date: _____

Name of Bank: _____

Signature of the
Student

Verified by the finance section
(Complete Payment/Partial Payment)

Signature of
Guide

Signature of
H.o.D

Signature of Ph.D.
Co-ordinator

***Note:** Attach the Xerox copy of fees slip.