

Space for office use
 Revival granted/Re-registration granted with effect fromto.....
 Standing Committee minutes dated Vide item no.....

COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY

**Application for Re-registration for the degree of Doctor of Philosophy
 (Registration no)**

1	Name of the applicant (as in the SSLC Book in block letters)		Affix a recent pass port size photo here				
2	Date of Birth						
3	Gender						
4	Nationality						
5	Name of the guardian if any and relationship		Specimen Signature of the candidate				
6	Whether the applicant belongs to SC/ST, if yes name of the community						
7	Permanent Address						
8	Address for Communication						
	E-mail						
	Telephone No.						
	Mobile No.						
9	Details of Post Graduate Degree :						
	Name of PG Course/s (Specify the name)	University	College/ Institution studied	Main Subject of study	Year of Passing	Class/ Division	% of Marks

10	Details of M.Phil. Degree if any :					
	Main Subject of study	University	College/ Institution study	Year of Passing	Class/ Division	% of Marks
	Name of Thesis/ Research Work					
	Mode of the Study (State Whether regular, distance, off campus etc.					
Whether recognized by CUSAT, if yes order no. and date/if not whether applied for the same						
11	Whether employed, if so Name of the Institution Designation Office Address with telephone number					
12	<i>No Objection Certificate from the Employer</i>					
	Certified that Sri./Smt.....is working as(Designation) in and I have no objection to the Cochin University of Science and Technology granting registration to him/her for pursuing research for the Ph.D. Degree. Station Date <div style="text-align: right;">Signature of the Registrar/Principal/Head of the Institution (Please specify designation)</div> Office Seal					
13	(a) Registration No. & Memo No.					
	(b) Period of Registration		Begin from.....Expired on..... Extension granted, if any, from.....to..... (Quote U.O. No.....date.....)			
	(c) Name of the Department					
	(d) Name of the Supervising guide/ co-guides					
	(e) Nature of original registration					

	(f) Conversion granted, if any	
	(g) Topic of research (Same as given in the original registration memo, change if any granted, give details with memo no. and date)	
	(h) Details of qualifying exam passed/exemption granted	
	(i) Title Approval granted if any	
14	(a) Reason for seeking re-registration (Specify whether fee default, shortage of attendance, long absence, expiry ordinary registration etc.)	
	(b) In case of fee default, specify the last remittance date and defaulted semesters	Last semester fee remitted on..... Fees defaulted for the semesters of June...../Dec...../June...../Dec...../ June...../Dec...../June...../Dec.....
	(c) In case of absence, details such as last attendance, period of absence, rejoining etc. specifying the dates.	
15	Cost of Application form remitted (as per the CAT Notification of the relevant year of re- admission)	Mode of remittance and Details.....Rt. No.....Dated.....
16	Re-registration fee remitted (refer website "cusat.ac.in/current student/academic regulations")	Mode of remittance and Details.....Rt. No.....Dated.....
17	Pending fee with fine if any in case of revival of registration, in case of fee default/long absence etc.	Mode of remittance and Details.....Rt. No.....Dated.....
Declaration by the candidate		
18	<p>I hereby declare that to the best of my knowledge and belief the particulars given by me in this application are correct.</p> <p>I shall abide by the rules and regulations prescribed by the University from time to time, if selected for registration and engage myself for full-time/part-time research work on the topic approved by the University under the supervision of the guide.</p> <p>Station</p> <p>Date</p> <p style="text-align: right;">Signature of the applicant</p>	

19	<p style="text-align: center;">Consent of the Supervising Guide</p> <p>This is to certify that I am a recognized supervising guide of the Cochin University of Science and Technology and that I am willing to supervise and guide the research work of Sri./Smt.....</p> <p>Sri./Smt.....is not related to me.</p> <p>Station Date</p> <p>Signature, Name, Designation of the Guide:</p> <p>Signature, Name, Designation of the Co-Guide:</p>
20	<p style="text-align: center;">Facility Certificate</p> <p>This is to certify that necessary facilities are available in this department/institution for the proposed research work of Sri./Smt.....and that if registration is granted to him/her, he/she will be permitted to make use of the facilities and carry out the research work in this department/institution.</p> <p>Station Date</p> <p style="text-align: right;">Signature and Name of the Head of the Department/ Recognized Institution</p> <p>Office Seal</p>
<p>List of Attachments to be forwarded to the University</p> <ol style="list-style-type: none"> 1. A written request stating reason for seeking re-registration. 2. Original/attested copy of the fee receipts. 3. Work done report recommended by the guide. 4. Doctoral Committee minutes recommending re-registration. 5. Research Committee minutes recommending re-registration. 6. Any other documents such as medical certificate, in proof of your claim. 	