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COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY

APPLICATION FOR CERTIFICATE OF ELIGIBILITY

	(Pre Ph.D Co	ourse V			
Details of Fee remittance(Attach the proof of remittance) Mode of Payment: DD/Cash Counter/Online Payment DD No./Receipt No/Transaction ID Date of Remittance: Amount Remitted:			For Online Payment use the following details Account Name: Registrar Bank: State Bank of India Branch: Cochin University Campus Account No: 37521230439 IFSC Code: SBIN 0070235		
1	Name of Applicant (in Capital Letters) :				
2	Address for Communication (in Capital Letters				
3	Mobile No				
4	Register Number				
5	Name of the Parent Department				
6	Name of the Research Centre				
7	Faculty				
8	Month and Year of passing Course Work Exam				
9	Period of Course work		From:	To:	
SI No	Title of the Course	Credits	Continuous Evaluation	Aarks End Semester Examination	Total
(i)			Evaluation	Examination	
(ii)					
(iii)					
(iv)					
10	Total Credits obtained:		GPA:	1	
11	Number of Chances taken to pass the Course Work (Attach copy of marklist)				
12	Whether the course work is approved by the R Committee(Attach copy of minutes)				
Place	I hereby declare that the above particulars	Declar are true a		·	ief.
Date	Contified that the	a dotaila	given above are co	Signature of Candidate	
Resea	arch Cuide:	Director	· ·	1106	

Research Cuide:Director/HODName:Name:SignatureSignature

(Office Seal)