**FORM NO: 3**

 **ACADEMY OF SCIENTIFIC AND INNOVATIVE RESEARCH**

 **वैज्ञानिक और नवीकृत अनुसंधान अकादमी**

 **Headquarters:** AcSIR, CSIR-Human Resource Development Centre,

 Sector 19, Kamla Nehru Nagar, Ghaziabad, UP 201002, INDIA

**PROFORMA FOR APPLYING FOR COMPRHENSIVE EXAMINATION**

Date:

# STUDENT INFORMATION:

***NAME (Mr. /Ms):*** ***DATE OF JOINING IN CSIR-NEIST: DESIGNATION ENROLLMENT NO: FACULTY: BS/CS/PS*** ***SESSION: YEAR: PROGRAM:* DATE OF ENROLLMENT IN ACSIR*: FELLOWSHIP***

# PROFESSIONAL INFORMATION:

***PROPOSED TITLE FOR THE PhD THESIS WORK:***

***(Enclosed a copy of the proposed work)***

***NAME OF SUPERVISOR:*** ***NAME OF CO-SUPERVISOR (if any):*** **COURSE WORK DETAILS:**

|  |  |
| --- | --- |
| **LEVEL** | **SGPA** |
| **LEVEL 100** |  |
| **LEVEL 200** |  |
| **LEVEL 300** |  |

TUTION FEE DETAILS ( To be enclosed in the prescribed format-Annexure I):

Signature of the Student Signature of the Supervisor (s)