**Joining Report for Ph.D. program – Full Time**

[All relevant columns should be filled properly]

Date:

|  |  |  |
| --- | --- | --- |
| 1. | Name in Block letters |  |
| 2.  | Registration No. |  |
| 3. | Discipline in which Ph.D. is registered  |  |
| 4.  | Department and School |  |
| 5. | Month and Year of admission |  |
| 6. | Date of Provisional Registration order |  |
| 7. | Date of Joining |  |
| 8. | Name of the Supervisor with affiliation |  |
| 10. | Name of the Co-Supervisor with affiliation (if applicable) |  |
| 12. | Fee payment status If not paid, how much is pending?  | Paid / Not paid |
| 13.  | Fee receipt no. with date |  |

**DECLARATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare that I have joined the Ph.D. program as a full-time scholar at Dhanalakshmi Srinivasan University, Trichy, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I confirm that I will adhere to all the rules, regulations, and policies of the university, including any amendments made from time to time. I understand that it is my responsibility to stay informed of any updates or changes to the Ph.D. regulations and comply with them.

I also acknowledge that my registration number for correspondence is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I will use this number in all future communications with the university.

**Signature of the Scholar with Date**

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor | Co-Supervisor[If applicable] | HoD | Dean of school |

**For office use**

**Dean, Centre for Research**