



Research and Development formats

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AR -1

**Permission Request Form for carrying Ph.D. /M.S. (By Research) at TCE
(Permission to be obtained prior to the submitting of application to the University)**

Date:

Name of the applicant				Program applied: Ph.D. / M.S. (by Research)			
Address		Office:		Residence:			
Phone		Mobile		Email			
Department in which the candidate intends to register				University			
Name of the supervisor under whom the candidate wishes to pursue his/her Ph.D. /M.S.				Mode: Full Time / Part Time			
Details of scholars undergoing Ph.D. / M.S under the supervisor (including joint supervisor ship and the applications under process)							
S. No	Name of the Scholar	Supervisor / Joint Supervisor	Program (Ph.D. / M.S)	Month and Year of Registration	Full Time / Part Time	University Registration Number	TCE Roll Number
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Undertaking by the scholar: I hereby agree to abide by the rules and regulations of TCE. I understand that I need to manage the recurring expenses with my own funding and the facility allotted by the department.

Forwarded

Recommended

Approved

Signature of the Supervisor/
Joint Supervisor

Signature of the Candidate

Signature of DLC(AR)

Signature of the HOD of the supervisor

Dean (R&D)/Registrar

Note: Whether the candidate satisfies all norms of Anna University for applying Part Time /Full Time Ph.D. mode, should be verified.

Revised by academic research section



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Ph.D. /M.S. (Research) Registration

Period: Jan/July 20__ to June/Dec 20__

Date:

Name of the Research Scholar :

Address for Communication :

E-mail :

Mobile :

Program & Type (please tick) : PhD /M.S. (Research) - Full Time / Part Time - External / TCE faculty

Name of the Supervisor :

Supervisor's Department:

Research Topic :

Name of the University :

Univ. Registration No. & Date :

TCE Roll Number :

Date of Enrolment at TCE :

TCE Research fee particulars : Break up details need to be furnished

S. No.	Particulars.	Date	Receipt No.	Amount

Verified

Verified

Forwarded / Recommended

Approved

Signature of the Supervisor/

Signature of the Scholar

Joint Supervisor

Signature of DLC(AR)

Signature of the HOD of the supervisor

Dean(R&D)/Registrar Principal

Note: Payment of college registration fee and semester fee by the scholar have to be verified.

Scholars who wish to enroll in courses at a different institution other than TCE, must submit a letter of approval authorized by HoD and Dean (R&D) to the Dean office.



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ID card Requisition / Library Access Registration/ TAMS Registration

Name of the Research Scholar:	Department:	Program & Type (please tick): Ph.D./ M.S. Full-Time/Part-Time-External
Name of the Supervisor:	TCE Roll Number:	Date of Enrolment at TCE:
Office Address:	Residential Address:	University Registration Details: Date of Admission: Registration No.:
Phone:	Mobile:	Email:
Date of Birth:	Age:	Blood Group:
If research assistant/associate, please furnish the following:		
Name of the Project:	Designation:	Period of Appointment:
Validity Period: From Jan/July 20_____ to June/ Dec 20_____		
Type of Requisition: i) ID Card <input type="checkbox"/> ii) Library Access <input type="checkbox"/> iii) TAMS Registration <input type="checkbox"/>		

Verified

Verified

Forwarded/Recommended

Approved

Signature of the Scholar

Signature of the Supervisor/
Joint Supervisor

Signature of DLC(AR)

Signature of the HOD of the supervisor

Dean(R&D)/Registrar

Note: TAMS registration only for full-time scholars

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**Permission for course work registration
[PhD /MS. (By Research)]**

Name of the Research Scholar:	Department:	Program & Type (please tick) : PhD /M.S. - Full Time / Part Time - External / TCE faculty
Name of the Supervisor:	TCE Roll Number:	Date of Enrolment at TCE:
Mobile:	Email:	University Registration No.:

I request your kind permission for me to enroll the following courses during ODD / EVEN semester, 20__ to 20__.

S. No.	Course Code	Course Name	Name of the Program	Course offering Department	Course Coordinator	Signature of the Course Coordinator	Signature of the HOD of the Course Offering Department
1							
2							
3							
4							

If you have already undertaken courses in the previous semesters, indicate the code number and name of the courses:

Fee payment details : Amount: Rs. _____ Date: _____ Chalan No.:

Verified

Verified

Forwarded /
Recommended

Forwarded /
Recommended

Approved/
Not approved

Signature of the Supervisor/

Signature of the Scholar

Joint Supervisor

Signature of DLC(AR)

HOD of the supervisor

Dean (R&D)

Registrar / Principal

Note: 1.Course coordinator should be from the department offering it. Candidates have to submit the form before the last date of paying examination fees. Course names should be exactly same as in the document approved in Academic Council Meeting. Copy of the approved syllabus of the course has to be attached.

2. Prior approval has to be obtained from HoD and Dean if the candidate is going to register course work in the institution other than TCE and the letter has to be submitted in Dean office.



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Ph.D. /M.S.(Research) Renewal & Half Yearly Status Report
(To be submitted for every semester)

Period: Jan/July 20__ to June/Dec 20__

Date:

Name of the Research Scholar :

Address for communication :

E-mail :

Mobile :

Program & Type (please tick) : PhD /M.S. (Research) - Full Time / Part Time - External / TCE faculty

Name of the Supervisor :

Supervisor's Department:

Research Topic :

Name of the University :

Univ. Registration No. & Date :

TCE Roll Number :

Date of Enrolment at TCE :

Milestones completed (Status) :

Publications made so far :

Works to be completed :

Previous Semester TCE Research fee : Date:
particulars

Receipt No.:

Amount:

Verified

Verified

Forwarded / Recommended

Approved

Signature of the Scholar
Signature of the Supervisor/
Joint Supervisor

Signature of DLC(AR)

Signature of the HOD of the supervisor

Dean (R&D) / Registrar

Note: This form has to be completed and submitted to Dean office before progress report is submitted to Anna university.



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NO DUES Certificate - PhD /MS. (By Research)

Name of the Research Scholar:		Department:	Program & Type (please tick) : PhD /M.S. - Full Time / Part Time - External / TCE faculty	
Name of the Supervisor:		TCE Roll Number:	Date of Enrolment at TCE:	
Office Address:		Residential Address:	University Registration Details: Date of Admission: Registration No.:	
Phone:		Mobile:	Email:	
S. No.	Particulars	Certificate	Authorized Signatory	Signature
1.	No dues in Library	Returned all the books, Journals library cards and other library materials	Librarian	
2.	No dues in Dean Office	Paid for all semesters from the date of registration till today	Clerk - Dean Office	
3.	No dues in Lab ()	Returned all the materials used during the course	Lab-in-charge	
4.	No dues in Lab ()	Returned all the materials used during the course	Lab-in-charge	
5.	No dues in Lab ()	Returned all the materials used during the course	Lab-in-charge	
6.	No dues in Dept. Library	Returned all the books, Journals library cards and other library materials	Dept. Lib-in-charge	
7.	Any other (To be indicated)			
8.	Any other (To be indicated)			

Signature of the Scholar: _____

Verified

Verified

Forwarded / Recommended

Forwarded / Recommended

Approved

Supervisor/Joint Supervisor

Signature of DLC (AR)

HOD of the supervisor

Dean (R&D)

Registrar / Principal



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Caution Deposit refund claim form [Ph.D. /M.S. (Research)]

Date:

Name of the Research Scholar :

Address for communication :

E-mail : Mobile :

Program & Type (please tick) : PhD /M.S. (Research) - Full Time / Part Time - External / TCE faculty Name of the

Supervisor : Supervisor's Department :

Research Topic :

Name of the University : Univ. Registration No. & Date :

TCE Roll Number : Date of Enrolment at TCE :

Date of Viva-Voce Examination :

Particulars	Authorized Signatory	Signature	Fee Particulars (Copy of AR2 form should be enclosed)							
			Sl.No	Date	Receipt No.	Amount	Sl.No	Date	Receipt No.	Amount
Thesis Copy submitted to Library	Librarian									
Viva-voce letter submitted to Department	DLC									
No Dues Submitted	Clerk Dean Office									

Verified

Verified

Forwarded / Recommended

Approved

Signature of the Supervisor/ Signature of the Scholar Joint Supervisor Signature of DLC (AR) Signature of the HOD of the supervisor Dean (R&D) / Registrar