



MS/PhD COMPREHENSIVE EXAMINATION REGISTRATION FORM

Semester _____ 20 _____

I wish to register for an Off-line Comprehensive Examination

Name: _____ Registration No. _____

Program: _____ Degree: _____

Previous number of attempts: _____ Date last appeared: _____

Independent Study Information			
Particulars	Independent Study – I	Independent Study – II	Remarks
Semester:			
Grade:			
Topic:			
Advisor Name:			

I understand that the degree will not be awarded to me if I fail to pass the Comprehensive Examination.

Student's Signature & Date

For Use Only

Rs. _____ paid on _____	_____ Finance Office
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Exam Date: _____	_____ Examination Office
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