OFFICEOF THE CONTROLLER OF EXAMINATIONS

Periyar Nagar, Vallam Thanjavur-613 403, Tamil Nadu, India Phone: +91 - 4362 -264600 Fax: +91 - 4362 - 264660 Email: coe@pmu.edu Web: http://www.pmu.edu





Course Work Registration Form - Ph.1

FORM - R1

Name of the R (in Block letters)	esearch	Scholar :					
Register Numb	oer	:					
Mode of Admission (Tick Appropriate box)		: Regular		ternal t Time			
Department :							
	Course Name			Course Credit			
No Cod	le				T	P	
Payment Details :		Amount of fees paid	Receipt No.	Date of Payment			
Date: Signature of the Research Scholar							
Research Supervisor Remarks: Head of the Departm						oartment_	
Dean (Research) Approved / Not Approved							
Controller of Examinations							

Encl: Photocopies of

- 1. Provisional selection letter issued by the Registrar
- 2. Form DR2A & DR2B
- 3. Syllabus for course work