



Academy of Scientific and Innovative Research

Anusandhan Bhawan, CSIR HQ, 2 Rafi Marg, New Delhi-110 001

PROFORMA FOR APPLYING FOR COMPREHENSIVE 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)