



# DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY

(Deemed to be University under section 3 of UGC Act 1956)

Girinagar, Pune – 411 025.

## APPLICATION FORM FOR REGISTRATION / RE-REGISTRATION TO THE DEGREE OF DOCTOR OF PHILOSOPHY (PhD)

Please affix your recent passport size (3.5x3.5cm) photograph.

To,  
The Vice Chancellor  
Defence Institute of Advanced Technology, Pune-411 025, India.

Sir,

I request that I may be allowed to register/re-register Ph.D. Programme of the Defence Institute of Advanced Technology (*Deemed to be University*). I have not been admitted to any other degree of any University Simultaneously.

1.	Registration for the Academic Year			
	Registration for the Semester No			
2.	Name of student			
3.	Registration Number			
4.	Name of the Department			
5.	Category- whichever is applicable) <b>Sponsored (DRDO / Tri-Services / Industry / Fellowship / Project (DIAT / Other than DIAT) / Any other</b>			
6.	Name of the Supervisor / Guide			
7.	Name of the Co-Supervisor / External Co-Supervisor with contact No and Address (if any) <b>VC Approval is mandatory for inclusion of Co-Supervisor / External Co-Supervisor</b>			
8.	Course Work Completed YES / NO <b>If yes need not fill Sl. No 9 and 10</b>			
9.	I wish to opt the following Courses for my PhD Programme (If Course work not yet completed) <b>Note: If any student (M. Tech from DIAT) has undergone any course work in DIAT, the same course(s) should not be registered as part of the course work.</b>			
	<b>Course No</b>	<b>Course Title</b>	<b>Credits</b>	<b>Signature of the Instructor</b>
10.	I wish to register the below mentioned courses as Audit / Self-Study (SS) <b>Note: The Self Study course should not be offered by any department in the current semester</b>			
	<b>Course No</b>	<b>Course Title</b>	<b>Credits</b>	<b>Signature of the Instructor</b>
	Audit			
	Self-Study			
1.	Tentative Title of the Doctoral Research Work			
2.	Status of the two consecutive Progress Review Seminar(s) i.e Recommended by DRMC and Approved by the competent authority		Review Seminar	Satisfactory / Unsatisfactory
			Review Seminar	Satisfactory / Unsatisfactory

### Fees Payment Details (Attach Fee Receipt)

Fee Receipt No-

Fee Receipt Date-

(P.T.O)

**NOTE (Not Required for 1<sup>st</sup> Semester)**

- It is mandatory for all POINTS Hostel inmates to clear all their hostel mess and other dues of the previous semester and the same must be endorsed by the chairman / warden HMC to proceed for the current semester registration.
- If anyone fails to clear the dues and submit their form in the office, it will be treated as the applicant has not done the registration and the same will be rejected.

As per HMC records, it is certified that the POINTS Hostel has “No Dues” against the Mr./ Mrs./ Ms.....

..... Reg. No..... Dept.....

Room No:..... Block / Wing No:.....

Signature of Mess Manger / In-charge:

Name of Mess Manger / In-charge:

Signature of the Warden, HMC:

Name of the Warden, HMC:

**Declaration**

1. I hereby submit to the disciplinary jurisdiction of the Vice-Chancellor and the other Officers and Authorities of the Institute and shall observe and abide by the rules of the Institute (DIAT-DU) in that behalf.
2. I have gone through all DRC and Hotel Rules & Regulations. I hereby accept and follow the same.
3. I shall not request for any special concession such as change in time or day fixed for the University examination etc. on religious or any other ground.
4. I hereby declare that all statements made in this application are true, complete, and correct to the best of my knowledge and belief. I understand that in the event of any information being found false / incorrect, my candidature is liable to be cancelled or rejected and fees paid by me forfeited.

Yours faithfully,

Date: \_\_\_\_\_

(Signature of Research Scholar)

I certify that I have gone through this registration /re-registration form in r/o Mr. /Ms.....  
..... and I find that the information given by the student is correct to my knowledge.

I recommend the application for **registration / re-registration / not to be re-registered.**

**Signature of Co-Supervisor / External Supervisor (if any)**

Date:

**Signature of the Supervisor**

Date:

I recommend the application for **registration / re-registration / not to be re-registered.**

**Signature of the Head of the Department**

Date:

I recommend the application for **registration / re-registration / not to be re-registered.**

**Chairman, DRC.**

Date: