

PRE - REGISTRATION FORM : PART I

Name of the QIP Research Scholar :

Designation :

College Address :

:

:

Address for Correspondence :

:

:

Tel / Mob. / Fax / Email :

:

Department where selected for
research under QIP :

Date of reporting to this institute :

Whether sponsorship certificate : Yes / No

Whether letter from the Principal
showing that you will be relieved for
registration in July 20 submitted : Yes / No

(a) Date of Arrival :

(b) Date of Departure :

Signature :

Date :

.....
(for office use only)

Verified and found correct

Date :

Office of QIP Coordinator