Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

(An Autonomous Institution)

Office of Dean – Research & Innovation

Ph.D. FORM 10

No Dues Form

	Date:
Scholar Name, Designation, Department and Institution:	
Supervisor Name, Designation and Institution Joint Supervisor Name, Designation and Institution (if any)	
Reg. No., University & Date of Registration:	
Title of Research Work	

Signature of the Faculty

Faculty Incharge	Dues	Remarks	Signature
Library			
MCET Office			
HR Office			
Joint Supervisor(if applicable)			
Supervisor (if internal)			
HoD of the Scholar (if internal)			
HoD of the Supervisor (if internal)			

PhD Coordinator:

Document submissions by scholar:	Provisional registration order copy	First DC meeting minutes	Provisional confirmation order copy	Soft copy & 2 Nos. of Hard Copy of Thesis books (A4 Size)
Dues:				
Remarks:				
Signature of PhD Coordinator:		-		,

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