

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

**(An Autonomous Institution)**

**Office of Dean – Research & Innovation**

**Ph.D. FORM 2**

**Outcome of University Ph.D. Process**

**Date:**

|  |          |
|--|----------|
| Name of the Faculty and Designation:                               |          |
| Department:  |          |
| Session/Year applied for PhD:                                      |          |
| Mention the Previous appearances of session (Session/Year), if any |          |
| Guide details (Name, Designation, Department, College)             |          |
| Cleared Written test   | Yes / No |
| Cleared Interview Process  | Yes / No |
| Certificate Verification completed successfully                    | Yes / No |

**Signature of the Faculty**

**Signature of the HoD**

**For office use:**

**Noted**

**Ph.D. Coordinator**

**Dean R&I**