

St.XAVIER'S CATHOLIC COLLEGE OF ENGINEERING,NAGERCOIL-3

CFRD

PROFORMA TO SUBMIT Ph.D. THESIS

Date: _____

Name of the Scholar	
Full Time / Part Time	
Internal / External	
Register Number	
Address	
Title of the Thesis	
University	
Name of the Supervisor	
Date of Submission of Thesis	

Research Scholar

Supervisor

HOD of the Supervisor

Dean – Research

Principal