**St. Xavier’s Catholic College of Engineering**

An Autonomous Institution Affiliated to Anna University, Chennai

Accredited with Grade ‘A’ by NAAC

UG Programs CE, CSE, EEE, ECE, IT and ME Accredited by NBA

Recognized Under Section 2(f) and 12(B) of UGC Act 1956

Chunkankadai, Nagercoil – 629003

**Office of the Controller of Examinations**

**Ph.D. Course Work Registration for** ………………… **Examinations**

|  |  |
| --- | --- |
| Register Number |  |
| Name |  |
| Registered Department for Ph.D. |  |
| No. of Courses |  |
| **Course-1** |
| Course Code and Title |  |
| Core/Elective |  |
| Course Offered in | Semester: Regulations:Degree and Branch: |
| **Course-2** |
| Course Code and Title |  |
| Core/Elective |  |
| Course Offered in | Semester: Regulations:Degree and Branch: |
| **Course-3** |
| Course Code and Title |  |
| Core/Elective |  |
| Course Offered in | Semester: Regulations:Degree and Branch: |
| **Course-4** |
| Course Code and Title |  |
| Core/Elective |  |
| Course Offered in | Semester: Regulations:Degree and Branch: |

Enclose the copies of the permission letter obtained from the Principal, SXCCE and course work registration form submitted to AU. Note: Exam fee has to be paid in the college office. The due date for fee payment will be announced later.

**Signature of the Scholar Signature of the Supervisor**

**Signature of the HoDs of the Departments Offering the Course Principal**

**……………………………………………………………………………………**

**For Office Use**

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**Controller of Examinations**