



ARRIVAL REPORT FORMAT (PART-TIME Ph.D. SCHOLARS)

Name of Student:.....Roll No:.....

Email ID.....Mobile No:.....

Topic/Broad Area of Research:.....

Name of Supervisor(s).....

Department:.....Date of Registration/Joining.....

Arrival at Institute:.....(Date)

Signature of Student.....

Date:.....

Name and Signature of Supervisor(s)

Head of the Department