

**St. Peter's University**  
**St. Peter's Institute of Higher Education and Research**  
(Declared Under Section 3 of the UGC Act, 1956  
Avadi, Chennai 600 054

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Photo

**APPLICATION FOR COURSE WORK FOR RESEARCH SCHOLARS**

1. Name & Address of the Candidate :
2. Reg. No. :
3. Email Id :
4. Programme : Ph.D. / M.Phil.
5. Department/Division/Institute/  
in which the Candidate is doing research :
6. Full time / Internal / External  
(whichever is applicable) :
7. Date of Birth :
8. Courses being studied

Sl.No.	Code No.	Course Name	Period of Study	Signature of the Course Co-ordinator

8. Proposed dates of Examinations :
9. Examination fees to (Rs.500 per subject) :
- Challan No. :
- Bank :
- Date :
- (Enclose copy of Challan)

Date:

Signature of Research Scholar

**Recommended and Forwarded**

Signature of the Supervisor

**Approved**

Head of the Department

To  
Dean (R&D)

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M.Phil. Examination Form

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1. Name & Address of the Candidate :  
(Capital Letters)
2. Reg. No. :
3. Email Id :
4. Department/Division/Institute/  
in which the Candidate is doing research :
5. Full time / Internal / External :  
(whichever is applicable)
6. Date of Birth :
7. Courses being studied

Sl.No.	Code No.	Course Name	Period of Study	Signature of the Course Co-ordinator

8. Proposed dates of Examinations :
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(Enclose copy of Challan)

Date:

Signature of Research Scholar

**Recommended and Forwarded**

Signature of the Supervisor

**Approved**

Head of the Department

To  
Dean (R&D)