



INTEGRAL UNIVERSITY, LUCKNOW
Pre-Ph.D Permission Request Form

Date:.....

1. Name of the Candidate:.....
2. Department:.....
3. Faculty:.....
4. Enrollment no. with date of registration:.....
5. Status (Full Time/Part Time):.....
6. Research Title:.....
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7. Supervisor:.....
8. Co-Supervisor:.....
9. Course Work Status:.....
10. Number of RDC's attended by the candidate till date:.....
11. Total years completed:.....
12. Work/Objectives completion Status :.....
13. Fee Status till date:.....
(Attach receipts)
14. Published papers details during Ph.D duration:

Sl. No.	Title	MCN Number	Conference Presentation	Journal	Indexing Scopus/SCI/Other

(Attach front page of each paper)

Signature of candidate

Comments of Supervisor /Co-Supervisor

- Research objectives.....
- Research papers.....
- Research work
- Attendance.....

Recommendation by Supervisor/Co-Supervisor:-

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Name & Signature of Supervisor/Co-Supervisor

Note: - Pre-Ph.D request recommended and verified by the supervisor and HoD is to be attached.