

श्रीचन्द्रशेखरेन्द्रसरस्वतीविश्वमहाविद्यालयः

SRICHANDRASEKHARENDRASARASWATHIVISWAMAHAVIDYALAYA

(Accredited with 'A' GradebyNAAC)
(Deemedto beUniversityundersection3 oftheUGCact1956)
Enathur,Kanchipuram-631561
Tel:Off:044-27264306,E-mail:coe@kanchiuniv.ac.in

Course Work Completion Certificate for Ph.D Scholars

Name of the Scholar			
Department			
Register Number			
Address for Communication			
Mobile Number			
E-mail ID			
Category (Please tick)	Full- Time	Part-Time (Internal)	Part- Time (External)
Name of the Guide			
Designation	Assistant Professor/Associate Professor/Professor		
Address for Communication			
Mobile Number			
E-mail ID			
Name of the Co- Guide (if Applicable)			
Department			
Designation	Assistant Profes	ssor/Associate Pi	rofessor/Professor
Address for Communication			
Mobile Number			
E-mail ID			
Broad Area of Research			
Tentative Topic of Research			
Days of Course Work (As per SCSVMV Ph.D. Regulations)	90 Days		

Number of days scholar actually undertaken	
coursework at the Department	
Percentage of Attendance during course work period	
*(Enclose attendance proof with the	
recommendation of Head of the Department)	
Number of classes participated by the scholar with PG	
Students/PhD scholars in the Department	
(if applicable)	
Number of classes handled by the scholar for PG/UG	
students in the Department	
**(Proof should be submitted with the	
recommendation of Head of the Department)	
Number of days research work carried out by the	
scholar at the SCSVMV Library	
***(Library attendance Proof must be enclosed	
with guide and HOD signature)	
Number of research publications by the scholar	
during the coursework period (if applicable)	
Number of seminar(s) attended by the scholar during	
the coursework period	
Number of workshop(s) attended by the scholar during	
the coursework period	
Number of conference(s) attended by the scholar	
during the coursework period	
Number of seminar(s) in which papers presented by	
the scholar during the coursework period	
Number of conference(s) in which papers presented	
by the scholar during the coursework period	
Number of days the scholar interacted about research	
activities with Guide at the Department	
Number of days the scholar interacted about research	
activities with Head of the Department and faculty	
members at the Department	
Number of research presentations made by the	
scholar at the Department level during the course	
work period	
Signature of the Scholar	Signature of the Descend Symposium
Signature of the Scholar	Signature of the Research Supervisor
Date :	Signature of the Head of the Denamement
Date.	Signature of the Head of the Department (With seal)