



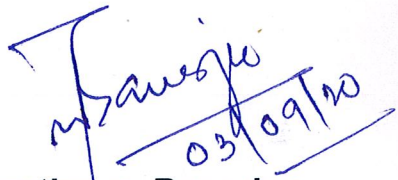
S.V. NATIONAL INSTITUTE OF TECHNOLOGY SURAT-395007.
Office of Dean (Academics)

No.: Dean(Acad.)/366 /2020-21

Date: 03/09/2020

**Online Registration procedure for Ph.D. students admitted in
Autumn (Odd) Semester of Academic Year 2020-21**

1. Please download and fill the documents (1-7 pages) attached in **ANNEXURE**.
2. Please communicate to your supervisor for selection of courses to be taken to complete '16' course credit requirement in 1st and 2nd Semester.
3. Scanned duly filled signed copy of forms (**ANNEXURE**) along with your Post Graduate Degree certificate/ final Marksheet are required to be sent to the academic office through your supervisor and Head of Department on or before 14th September 2020.
4. Once the form is submitted to academic office, your Roll no. and e-mail id will be generated which will be uploaded to institute website.
5. The online fee payment portal will be open in MIS from 14th September 2020 to 18th September 2020.
6. You are required to pay the fees within this period; failing which your admission may be cancelled.
7. The admission will be considered as provisional. The admission will be confirmed only after successful completion of document verification at the time of physical reporting. The dates for the Physical reporting will be announced on the institute website.
8. PEC category research scholars have to stay in campus for SIX months after successful completion of document verification.
9. Online classes will start from 21st September 2020.
10. Visit the Student's Notice Section on Institute website for time table.
11. It is informed to visit institute website regularly for any update.


Dr. Jyotirmay Banerjee
Dean (Academic)

SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT
PRIMARY INFORMATION FORM (PH.D.)

| | | |
|----|--|---------|
| 1 | Name of the Candidate (As per last Degree Certificate) | |
| 2 | Academic Year | 2020-21 |
| 3 | Course | Ph.D. |
| 4 | Gender : Male/Female | |
| 5 | Married/Unmarried | |
| 6 | Date of Birth | |
| 7 | Admission No. | D20 |
| 8 | Candidate Category (Open/OBC/SC/ST/PH) | |
| 9 | Sub-Caste (Hindu/Muslim/Christi/Buddhist/Parsi) | |
| 10 | Admission Category (in which admission taken) (FIR/FRS/FSC/PIS)PPF/PEC/FSF/FSL/QIP | |
| 11 | Present Address | |
| | Mobile No. | |
| | E-Mail | |
| 12 | Home Address | |
| | Mobile No. | |
| | E-Mail | |

| Tuition Fees Details | 2020-21 | | 2021-22 | | 2022-23 | | 2023-24 | |
|-------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | 1 st | 2 nd | 3 rd | 4 th | 5 th | 6 th | 7 th | 8 th |
| Receipt No. | | | | | | | | |
| Date | | | | | | | | |
| Amount | | | | | | | | |
| | | | | | | | | |

| Tuition Fees Details | 2024-25 | | 2025-26 | | 2026-27 | | 2027-28 | |
|-------------------------|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | 9 th | 10 th | 11 th | 12 th | 13 th | 14 th | 15 th | 16 th |
| Receipt No. | | | | | | | | |
| Date | | | | | | | | |
| Amount | | | | | | | | |
| | | | | | | | | |

SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT

FIRST REGISTRATION FOR PH.D. PROGRAMME

| | | | | | |
|--|--|----------|---------------------------------------|-------|----------------|
| 1 | Name (As per qualifying Degree) | : | | | |
| 2 | Roll No. | : | | | |
| | Department | : | | | |
| | Category | : | (FIR/QIP/FRS/FSC/PIS/PPF/PEC/FSF/FSL) | | |
| 3 | GEN/SC/ST/PH | : | | | |
| 4 | Date of Birth | : | | | |
| 5 | Address | : | | | |
| 6 | Date of Joining the Institute (Course Registration and Signing the Attendance in the department, if applicable) | : | | | |
| 7 | Proposed Course work for the entire programme * | | | | |
| | Year | Semester | Course No. | Title | No. of Credits |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| * To be filled in consultation with the faculty advisor/Supervisor | | | | | |

I request that I may admitted to the Ph.D. Programme and be registered for the course work,
I promise to abide by the rules and discipline of the institute. Course Registration form is enclosed.

Date : _____

Signature of Applicant

8. For External/Sponsored Candidates :

| | | |
|--|---|--------|
| Name of Sponsoring Organisation | : | |
| Address of Organisation | : | |
| Phone No. & Email | : | |
| Present Designation of the applicant | : | |
| Place where research work is proposed to be done | : | |
| Is the original/true copy of the certificate from sponsoring authority in prescribed form attached | : | Yes/No |

(Please see on the reverse)

9. Remarks

The proposed course work as given in item No. 7 has been approved.

Name of Supervisor :

Signature :

Name of Co-Supervisor :

Signature :

CERTIFICATE BY THE SUPERVISOR

At present I am supervising _____ candidates for Ph.D. as detailed below :

| Category | Total No. | Department |
|----------|-----------|------------|
| | | |

In addition to above, I agree to supervise Mr./Ms. _____

Signature of Supervisor

CERTIFICATE BY THE CO-SUPERVISOR

At present I am supervising _____ candidates for Ph.D. as detailed below :

| Category | Total No. | Department |
|----------|-----------|------------|
| | | |

In addition to above, I agree to supervise Mr./Ms. _____

Signature of Co-Supervisor

Remarks, if any

Date : _____

Chairman, DAAC

Date : _____

Dean (Academic)

DOCTORAL STUDIES

COURSE REGISTRATION CARD

Name of Student : Degree :
Roll No. : Discipline :
Year : Specialization :
Semester : Fee Receipt No. :
& Date

| Course No. | Course Name | Credits | Remarks |
|------------|-------------|---------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Date : _____

Signature of Student : _____

Hostel No. : _____

Signature of Adviser : _____

Copy for : Student / Concern Deptt./ Faculty Advisor/ Academic Section

Note : Final Registration will be subjected to payment of all dues and fees.

Student Mandatory Information (for Ph.D.)

Name of the Candidate : _____
 State : _____
 Date of Birth : _____
 Gender : _____
 Residential Address : _____

 Nearest Rly. Station of Hometown : _____
 Contact No : _____
 Qualifying Examination Passed : _____
 Name of the University/Board : _____
 Last Attended School/College : _____
 Category of seats : _____
 Disabled (Yes / No) : _____ (if applicable)
 Type of Disability : Physically / Visually / Speech & Hearing/Other
 Provisionally admitted to : _____
 Course : Ph.D.
 Branch : _____
 Roll No : _____
 Amount of fees paid at SVNIT Rs. : _____
 Receipt No : _____
 Date : _____

Admission Detail

Father Name : _____
 Mother Name : _____
 State : _____
 Place of Birth : _____
 Category : _____
 Sub Category : _____
 Religion : _____
 Nationality : _____
 Mother Tongue : _____
 Blood group : _____
 Bank Account No : _____
 Name of the Bank : _____
 Branch Name : _____
 Email Id : _____
 Father's Occupation : _____

Address Details

Present Address

Address : _____

City : _____
Pin : _____
District : _____
State : _____
Phone No : _____
Nearest Bus Station : _____
Nearest Rly. Station : _____

Home/Permanent Address

Address : _____

City : _____
Pin : _____
District : _____
State : _____
Phone No : _____
Bus Station : _____
Nearest Rly. Station : _____

Last Exam Details

(submit zerox copy of last degree/marksheet for name verification)

Last Exam Name : _____
Exam Year : _____
Univ. Name : _____
Last college attended : _____
Duration of course : _____
Class/CGPA : _____



सरदार वल्लभभाई राष्ट्रीय प्रौद्योगिकी संस्थान, सूरत
SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT

TUITION FEE FORM (Ph.D)

1 Name of the Student :

2 Academic Year :

3 Semester : Admission No. :

4 Male/Female :

5 Date of Birth :

6 Caste : (Open/SC/ST/OBC/ PH)

7 Sub Caste : (Hindu/Muslim/Sikh/Christi/Buddhist/Jain)

8 Religion / Minority :
(Hindu/Muslim/Sikh/Christian/Buddhist/Jain)

9 Present Address :
.....
.....
.....

Mobile No. :

10 Home Address :
.....
.....
.....

Phone No. (M) :

11 E-mail :

12 Tuition Fees Receipt No. : No. :
Date :
Amount :

Date: / /

SIGNATURE OF STUDENT