KUHS PhD PROGRAMME

Pro Forma for Communication

Name of the PhD Scholar	
PhD Register Number	
Date of Joining	
(As per Joining Report)	
Faculty	
Specialty	
Name of Supervising Guide: [With Contact No. & Mail ID]	
Name of Co-Guide (if any)	1.
[With Contact No. & Mail ID]	2.
Centre of Research	
Department of Research	
Area of Research	
Research title	
Query	
Reference (if any)	
Request	
	1.
	2.
Attachments:	3.
	4.
	5.
	I

Recommended:	
Signature of Supervising Guide: Name:	
Designation:	
Sea	ıl
Forwarded:	
Signature: Head of the Department: Name: Designation: Contact No. Mail ID.	al
Countersigned:	
Signature Head of the institution/Principal/Dean: Name: College:	

Seal