UTTARAKHAND TECHNICAL UNIVERSITY, DEHRADUN

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APPLICATION FORM FOR RESEARCH METHODOLOGY FOR 2020

Candidate Name	
Father's Name	
Address	
Contact Number	**Email ID:**
Qualification (M.Tech/M.Pharm./M.Sc.)	
University Name	
Year	
Details of Migration Certificate (If submitted)	
Ph.D. Research Topic	
Enrolment number	
Date of Registration	

Details of RDC (Date of RDCs attended)	1st	2nd	3rd	4th	5th	6th	7th	8th

Course Work/State of Art Seminar for which application made			
Sl. No.	**Course Work**	**Autom/Spring**	**Year**
01	Research Methodology		

Fee Details	**Draft No.**	**Bank Name**	**Dated**	**Amount**

Signature of Candidate   Signature of Supervisor

                                                                              Signature of Co-Supervisor

Note: Kindly send the filled application along with fee details email to ahmadyusra@gmail.com