

Kolhapur Institute of Technology's College of Engineering (Autonomous), Kolhapur

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Application form for Registration as PhD Candidate

Date:						
To						
The Director						
Kolhapur Institu	te of Technology's	(KIT)				
College of Engine	eering (Autonomous	s), Kol	hap	our		
	register myself fo					
						ment of KIT as Research
Name of PhD Candidate						
Address for Correspondence:						
Telephone No:		Cell N			Email	
Office Address:						
Designation			De	epartment		
Address for Correspondence:						
Telephone No:		Cell N	No		Em	ail
Research:						
Title or topic of research						
Name of Guide						



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Address Guide	s of					
Telepho	one No:		Cell No		Email	
		l the rules and re	egulations of KIT	as research	centre	of Shivaji University
Kolhap	ur. Kindly	allow me to enroll	as PhD candidate	of your rese	arch cen	tre.
Thank `	You					
Yours F	aithfully					
Name:						
Date:						
	Copy of Sy UG/PG Ma Provisiona	-	er from Shivaji Uı	niversity Kol	hapur.	
For Of	fice of KIT	1				
Above	PhD candi	date may be alloy	wed to enroll in I	Department of	of	KIT.
1100,0				оригинон о		
Head of	f Departme	nt]	Dean PG & Research
Approv	ed by					
Directo	r KIT					
Date:						