



# Institute of Advanced Studies in Education

(Deemed to be University)

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## Ph. D. Course work Registration Form

Personal Details			
Name			
Gender	Male	Female	
Father's Name			
Mother's Name			
Date of Birth (DD/MM/YY)			
Course/Programme Details			
Stream			
Enrolment Number			
Date of Registration			
Contact Details			
Address			
District			
State			
Pin Code			
Contact No.			
Email			
Fee Details			
Bank Name	DD/Challan No.	Date (DD/MM/YYYY)	Amount

Signature of Director Research

Candidates Full  
Signature