



DEPARTMENT OF STATISTICS

सांख्यिकी विभाग

FACULTY OF MATHEMATICAL SCIENCES

गणितीय विज्ञान संकाय

UNIVERSITY OF DELHI / दिल्ली विश्वविद्यालय

DELHI-110007 / दिल्ली ११०००७

Date:

Application Form for Ph.D. Thesis Title Approval

| Research Scholar's details | |
|-------------------------------|-------------------------------|
| Name: | Enrolment Number: |
| Email: | Mobile: |
| Date of initial registration: | Period of extension (if any): |
| Registration valid up to: | |

| Supervisor's details | |
|----------------------|----------|
| Name: | Address: |
| Email: | |
| Mobile: | |

| |
|--------------------------------|
| Co-supervisor (if any): |
|--------------------------------|

| |
|-----------------------------|
| Title of the Thesis: |
|-----------------------------|

| | | |
|-------------------------------|----------------------------|-------------------------------------|
| Signature of Research Scholar | Signature of Supervisor(s) | Signature of Co-Supervisor (if any) |
|-------------------------------|----------------------------|-------------------------------------|

| |
|---|
| Title recommended by DRC and forwarded to BRS (Mathematical Sciences): |
|---|

| | |
|-------|--------------------------------|
| Date: | Head, Department of Statistics |
|-------|--------------------------------|

Attachments:

1. Copy of joining report(s)
2. Letter of extension from BRS (if any)
3. List of publications (include names of all authors; MR/ZBL numbers, Impact factor, if any)
4. Attach first pages of reprints/preprints
5. Attached copy of NOC from co-author(s) other than supervisors.
6. (Proposed)Table of Contents of the Thesis