



ANNA UNIVERSITY : CHENNAI 600 025.



**M.S. / Ph.D. Research Scholars Registration Details**

JULY – NOV ..... / DEC – APRIL .....SEMESTER (TICK THE APPROPRIATE)

Campus : .....

Program Tick  Ph. D / M.S

Reg.No : ..... Name : .....Dept : .....

Sl. No	Course Code and Name of the Course(CEG,ACTech,MIT,SAP Campuses only)					
	<u>Core Subject</u> Sub.Code /Sub.Name	<b>ARMS</b> Staff ID / Name/Sign	<u>Special Elective</u> Sub.Code/Sub.Name	<b>ARMS</b> Staff ID / Name/Sign	<u>Directed Study</u> Sub.Code/Sub.Name	<b>ARMS</b> Staff ID / Name/Sign
1						
2						
3						
4						

- Encl : 1) Course Work Reg. form(Research Center) [Compulsory]  
2) Course Work Reg. form (ACOE Office) [Compulsory]  
3) Challan ACOE COPY [Compulsory]  
4) 1 Photo [Compulsory]

Signature of HOD[AU]  
[With Seal]

**CASH**  
**STATE BANK OF INDIA**

Anna University Branch, Chennai - 600 025.

**(Banker's Copy)**

Remitted to The Registrar, Anna University

Account No. : **30152268360**

Campus : \_\_\_\_\_

Roll No. : \_\_\_\_\_

Name of Student : \_\_\_\_\_

Degree / Branch : \_\_\_\_\_

Semester : \_\_\_\_\_

S. No.	Fee Particulars	Amount	
		Rs.	P.
1.	Examination Fee-Regular		
2.	Examination Fee-Arrear		
3.	Revaluation Fee		
4.	Fine		
5.	Others (Specify)		
	<b>Total</b>		

(Rupees ..... only)

Date : \_\_\_\_\_ Signature of Remitter

Received the above sum of Rs. ....-/-

Rupees.....

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Manager/Acct.

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