

**SATHYABAMA**INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)

Accredited "A++" Grade by NAAC | 12B Status by UGC | Approved by AICTE

www.sathyabama.ac.in

FEE DETAILS OF RESEARCH SCHOLAR TO BE SUBMITTED PRIOR TO COMPREHENSIVE EXAMINATION

Name:		Register Number :	
Fee Details	Bank name	DD Number / Receipt No.	Date
Processing fee			
First Dc Meeting fee			
*Semester fees paid			
Name of Supervisor & Address (Mobile No. & Mail Id) to which the communication is to be sent regarding contact of Comprehensive DC Meeting			
Name of Joint Supervisor & Address (Mobile No. & Mail Id) (if any)			
Name of the DC Members & Address (Mobile No. & Mail Id) to which the communication is to be sent regarding contact of Comprehensive DC Meeting	1.	2.	

*Fee that is paid along with Six months progress Reports.

Xerox copy of the DD / Receipt No. for all the fees paid should be enclosed

Date:

Signature of the CandidateNote: This form has to be submitted along with the request letter from the supervisor for
Conducting the comprehensive examination.