Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003 (An Autonomous Institution)

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Date:

Scholar Name, Designation, Department and Institution:	
Supervisor Name, Designation and Institution Joint Supervisor Name, Designation and Institution (if any)	
Reg. No., University & Date of Registration:	
Title of Research Work	

Signature of the Faculty

Faculty Incharge	Dues	Remarks	Signature
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Document submissions by scholar:	Provisional registration order copy	First DC meeting minutes	Provisional confirmation order copy	Soft copy & 2 Nos. of Hard Copy of Thesis books (A4 Size)
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