

**Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003**  
 (An Autonomous Institution)  
**Office of Dean – Research & Innovation**

**Ph.D. FORM 10**

**No Dues Form**

**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**

<b>Faculty Incharge</b>	<b>Dues</b>	<b>Remarks</b>	<b>Signature</b>
Library			
MCET Office			
HR Office			
Joint Supervisor(if applicable)			
Supervisor (if internal)			
HoD of the Scholar (if internal)			
HoD of the Supervisor (if internal)			

**Ph.D. Coordinator:**

<b>Document submissions by scholar:</b>	<b>Provisional registration order copy</b>	<b>First DC meeting minutes</b>	<b>Provisional confirmation order copy</b>	<b>Soft copy &amp; 2 Nos. of Hard Copy of Thesis books (A4 Size)</b>
<b>Dues:</b>				
<b>Remarks:</b>				
<b>Signature of Ph.D. Coordinator:</b>				

**Dean R&I**

**Principal**