

## ગુજરાત ટેકનોલોજીકલ યુનિવર્સિટી (ગુજરાત સરકારના ગુજરાત અધિનિયમ ક્રમાંક:૨૦/૨૦૦૭ દ્વારા સ્થાપિત)

	Date:	
Application for Pre-submission Seminar		
1. Name of Research Scholar:		
2. Enrollment No.:		
3. Faculty/Discipline:		
4. Mobile No.:		
5. Registered email ID:		
6. Specify the registration category: Full Time / Part Time		
7. Research Title as mentioned in the Final Registration Form:		
(Enclose copy of Final Registration Form)		
8. Is your research title exactly the same as mentioned in the Final Registration	tion Certificate:	
Yes / No		
9. If <b>No</b> , enclose a copy of the permission letter issued by the Univer	sity permitting	
modification of the research title.		
10. Name of Supervisor (with Designation):		
Institute Name & Address:		
Email ID:		
Mobile No.:		
11. Name of DPC Member 1 (with Designation):		
Institute Name & Address:		
Email ID:		
Mobile No.:		
12. Name of DPC Member 2 (with Designation):		
Institute Name & Address:		
Email ID:		
Mobile No.:		



## ગુજરાત ટેકનોલોજીકલ યુનિવર્સિટી (ગુજરાત સરકારના ગુજરાત અધિનિયમ ક્રમાંક:૨૦/૨૦૦૭ દ્વારા સ્થાપિત)

14. Specif	y the number of minimum successfully DPC review	vs cleared: 6 / 8	
15. Specif	y DU No. and date of the latest semester fee paid	to the University:	
	y at-least three convenient dates and timings on w	hich the Pre-Submission Seminar	
can b	e held		
Sr. No.	Date	Timings	
1			
2			
3			
17. The	(Sig	nature of the Research Scholar) of the	
Research Scholar, Enrollment No> fully satisfies the eligibility criteria for appearing for			
Pre-sı	Ibmission Seminar and is recommended for appea	ring for it.	
	(Signat	ture of the Research Supervisor)	