



Application for Cancellation of Ph.D. Registration

1. Research Scholar Details:

Name of Research Scholar :
Enrollment No. :
Faculty/Discipline :
Mobile No. :
Registered Email ID :
Research Title :

2. Supervisor Details:

Name of Supervisor :
Designation :
Name of Institute :
Mobile No. :
Email ID :

3. Reason for Cancellation of Registration/Admission:

4. Declaration by Research scholar:

I, _____ hereby
declare that I do not wish to continue my Ph.D. program. Therefore, I kindly
request the cancellation of my admission/registration from the program.

Place:

Date:

Signature of Research scholar



Dr. Subhash
University

Recommendation by Research supervisor: **Recommended** / **Not Recommended**

Remarks (if any):

Date:

Signature of Supervisor

For Office Use Only

Remarks of the Ph.D. Section (if any):

Dean/Director

Centre for Research & Development,
Dr. Subhash University – Junagadh.

Registrar

Dr. Subhash University – Junagadh.