

**St. Peter's University**  
**St. Peter's Insitute of Higher Education and Research**  
**(Declared under section 3 of the UGC Act 1956|)**  
**Avadi, Chennai 600 054**

**Course Work Report form of Ph.D. Research Scholar**

Name of the Research Scholar :

Registration Number :

Department :

Full Time/Part Time Internal/Part Time External:

Courses writtten and Marks scored:

Sl. No.	Courses	Date of Examinations	Marks Secured	Maximum Marks
1.				
2.				
3.				
4.				

**\* Enclose the course work examination form and challan copy of the examination fee paid**

Name of the Supervisor :  
(With designatiion & full address)

Signature of the Supervisor

Date:

Place:

To

**Dr.M.Shanmugham**  
**Controller of Examinations**  
**St. Peter's University**  
**St. Peter's Insitute of Higher Education and Research**  
**(Declared under section 3 of the UGC Act 1956)**  
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