

Name:  
Registration Number:



# ETERNAL UNIVERSITY, BARU SAHIB

Curriculum for the Postgraduate (Ph.D.) programme

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1. Name (in capital) :
2. Father's Name & (m number) :
3. Mother's Name & (m number) :
4. Date of Birth(DD/MM/YYYY) :
5. Permanent Address :
6. Mobile Number (student) :
7. Email (student) :
8. Qualification

S.No	Degree/ Diploma	Year of Passing	Division	%age of marks	Institution	Major subjects
1	+2					
2	Bachelor degree					
3	Master's degree					
4	Other specify					

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**She is to study the following course to get the degree**

<b>Semester-1</b>				
<b>S.No</b>	<b>Course code</b>	<b>Course Title</b>	<b>Credit hrs.</b>	<b>Credit point</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>Total CPA =</b>				
<b>Semester-2</b>				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>Total CPA =</b>				
<b>Semester-3</b>				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>Total CPA =</b>				

<b>Semester-4</b>				
<b>S.No</b>	<b>Course code</b>	<b>Course Title</b>	<b>Credit hrs</b>	<b>Credit point</b>

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1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>Total CPA =</b>				

<b>Semester-5</b>				
<b>S.No</b>	<b>Course code</b>	<b>Course Title</b>	<b>Credit hrs.</b>	<b>Credit point</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>Total CPA =</b>				

<b>Semester-6</b>				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>Total CPA =</b>				

**Signature of student**

**HoD**

**Dean of College**

Name:

Registration Number:

**The document verification**

**Office of Controller of Examination**

**Office Supdt.**

**Controller of Examination**

**The document verification**

**Office of Registrar**

**Office Supdt.**

**Additional Registrar**

**Distribution of four copies**

- 1. Student**
- 2. Mentor file**
- 3. Dean office**
- 4. Registrar**