



BHARATHIDASAN UNIVERSITY

TIRUCHIRAPPALLI – 620 024

Phone No.: 0431-2407092, Fax : 0431-2407045, Email: office@bdu.ac.in

Website : www.bdu.ac.in

(Accredited with "A" Grade by NAAC)

REGISTRAR

Ref.No.033291/Ph.D.-K3/Mathematics/Part Time/October 2015/Date: 22 .09.2015

To

Ms. P. Kavitha
Assistant Professor
Department of Mathematics
Nehru Memorial College
Puthanampatti – 621 007.

Sir / Madam,

Ref : Your application for the Ph.D. Degree No. Nil dt. 01.09.2015 for
Ph.D. Programme – Reg.

I am to inform you that you have been provisionally registered for the Ph.D. Degree under **Part Time** category. As per the regulations of this University you have to carryout research work under Research Supervisor for a minimum period of **Three** years and a maximum period of **Five** Years from **01.10.2015** to **30.09.2020**.

I am also to inform that you will be governed by the rules, regulations, terms and conditions as stipulated for the Ph.D. Programme of this University operative at the time of your registration. **The Regulations framed for the course work for the programme is enclosed along with this letter.**

The Discipline/Subject of Research chosen by you is **Mathematics** and the broad topic of your research is **"GRAPH THEORY"**.

You are requested to quote our reference number cited above in all correspondence with the University regarding your Ph.D. Programme.

Yours sincerely,

for REGISTRAR

PTO

Encl: as above.

All Communications are to be addressed to the Registrar only
Please quote our reference in all your replies