

**3.2 Format for submitting the course work**

**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE PILANI, \_\_\_\_\_ CAMPUS**  
**DEPARTMENT OF \_\_\_\_\_**

Date:

To,

Associate Dean, AGSRD

BITS Pilani, \_\_\_\_\_ campus.

The suggested course package for following Ph. D. candidates is given below:

Sr. No.	Application no./ID No.	Name of the candidate	I/II semester 20 - 20		I/II semester 20 - 20	
			Courses	Units	Courses	Units

\_\_\_\_\_  
\_\_\_\_\_(Name)\_\_\_\_\_

(DRC Convener)

\_\_\_\_\_  
\_\_\_\_\_(Name)\_\_\_\_\_

(HOD)

Date: