#### FORM-X

**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

 *(Application form for change of Category(from Full Time to Part Time))*

***(To be filled in by the scholar)***

1. Name:

2. Department:

3. Category (please tick): Full time/Part time/Sponsored/Project fellow

4. a) Name of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_

 b) Name of Co-Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation\_\_\_\_\_\_\_\_\_\_\_

5. Date of Admission: \_\_\_\_\_\_\_\_\_

6. Date of Registration: \_\_\_\_\_\_\_\_\_\_\_\_

7. No. of Semesters completed:\_\_\_\_\_\_\_\_

8. Details of Course work completed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Code** | **Course Title** | **Credits** | **Name of Instructor**  | **Grade Points** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

9. Reasons for change of Category to Part Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Progress of work (with supported documents):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Signature of Scholar

Forwarded by the Supervisor with remarks:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

**Recommended by Chairman, DRC/CRC:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

Remarks of the Dean (AA)

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Dean (AA)

**Approved/Not Approved**

Director