**FORM IV - B**



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**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

**बिजनी कॉम्‍पलेक्‍स, लैटमुख्‍्राह, शिलांग Bijni Complex, Laitumkhrah, Shillong-793003**

##### **PROPOSAL FOR Ph.D REGISTRATION SEMINAR**

*(To be submitted at least 10 working days before the proposed date for seminar along with the draft research plan)*

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Name of Scholar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **2.** | Roll no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **3.** Department\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **4.** Date of Admission/Enrolment\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **5.** | Category (Please tick): Full time/ Sponsored (Part Time)/ Project Fellow | |  |
| **6.** | (a) Name of Supervisor with affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | (b) Name of Co-Supervisor with affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **7.** | No of semesters completed: \_\_\_\_\_\_\_\_\_\_ | | |
| **8.** | Details of Course Work Completed: | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Course Code** | **Course Title** | **L** | **T** | **P** | **Credit** | **Grade Awarded** |
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|  |  |  |  |  |  |  |  |
| **Total Credits Earned from course work:** | | | | | |  | |

|  |  |
| --- | --- |
| 1. Total Credits transferred (if any) \_\_\_\_\_\_\_\_\_\_\_\_ 2. Total Credits exempted (if any) \_\_\_\_\_\_\_\_\_\_\_\_ | c. CGPA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **9.** Comprehensive Written Exam Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | GPA Score obtained:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **10.** Proposed Research Area: | |
| **11.** Facilities required for carrying out the doctoral research: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No.** | **Name of the facilities/ setup/equipments** | **Availability** | | |
| **In the Department** | **At other places (name of the places)** | **Not Available, to be procured** |
|  |  |  |  |  |
|  |  |  |  |  |

Signature of the Scholar

**12.** The following is completed/attached by the scholar (please tick);

* Supervisor Allotment
* Required course work
* Successfully cleared comprehensive exam on \_\_\_\_\_\_\_\_\_ (date)
* Formation of DC
* Have completed 1 year from the date of enrollment
* Attendance sheet (For Sponsored Part Time scholars only)
* Draft Research plan (not the technical report)

**13.** Proposed Date for Registration Seminar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of DC members:

1. …………………………………(Chairman)

2. ………………………………… (Member)

3. ………………………………… (Co-supervisor)

4. ………………………………(Member)

5. ………………………………( Member)

6. …………………………(Supervisor)

**Any Remarks of DRC Chairman:**

**……………………………………………………………………………………………………………..**

**Signature of DRC Chairman**

**Forwarded to Academic Section**

**Remarks of Dean (AA)**

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**Dean (AA)**

**Approved / Not Approved by**

**Director**