**FORM IV - C**



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**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

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

##### **PH.D REGISTRATION SEMINAR REPORT**

*(Attach Final Proposal along with this Form)*

|  |  |  |  |
| --- | --- | --- | --- |
| **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.** | Date of Registration Seminar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Recommendation of the DC:** (clauses not relevant are to be deleted)

* In view of the suitability and feasibility of the Plan of Research and the capability and preparedness of the scholar he/ she may be allowed to go ahead with research work.
* The scholar may be asked to modify his/ her Plan of Research incorporating the suggestions made and resubmit it within \_\_\_\_\_\_\_.
* The scholar may be asked to undergo additional courses and resubmit the Plan of Research.

1. The Scholar is recommended/ not recommended by the Committee for Registration of Ph.D Programme.

(If recommended) Proposed Research Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. (If not recommended) 2nd Registration Seminar exam date (tentative):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature DC Member: Signature DC Member: Signature DC Member:

(Chairman) (Supervisor) (Co-Supervisor)

Name - Name - Name -

Signature DC Member: Signature DC Member: Signature DC Member:

Name - Name - Name -

Any remarks of DRC Chairman:

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Signature of DRC Chairman

Forwarded to Academic Section:

Remarks of Dean (AA)

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Ph.D Registration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean (AA)

Approved / Not Approved by Director