**FORM II-A**



****

**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

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

**SUPERVISOR(S) ALLOTMENT FORM**

(Allotment of Supervisor/Co-supervisor to be taken care by the concerned HoD.

The HoD should forward the filled form of the scholar(s) by end of the 1st semester. Consent and CV of the external co-supervisor to be attached with this form.)

**Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Scholar’s Name & Roll No.** | **Date of Admission** | **Category (Full Time/Sponsored (Part Time)** | **Broad area of Research** | **Proposed**  **Supervisor’s Name & Signature** | **Proposed**  **Co-Supervisor’s Name & Signature** | **Remarks** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |

Verified that the proposed supervisor/co-supervisor are eligible for supervising the PhD scholar as per norms of the Institute.

|  |  |  |
| --- | --- | --- |
| Name & Signature of the DRC members: | | |
| (a) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(member) | (b)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(member) |
| (c) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (member) | (d)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(member) |
| (e) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (member) | (f)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(member) |

Remarks by DRC Chairman:

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

Signature of DRC Chairman

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

Forwarded to Dean (AA)

Recommended/Not Recommended

Dean (AA)

**Approved/Not Approved**

Director