**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)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *Fee paid receipt no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | *Date:\_\_\_\_\_\_\_\_\_* | *Semester: Autumn/Spring* | | *Year\_\_\_\_\_\_\_\_\_* |
| **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: | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Course Code** | **Course Title** | **L** | **T** | **P** | **Credit** | **Grade Awarded** |
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| --- | --- |
| a. Total Credits Earned:\_\_\_\_\_\_\_\_\_\_\_\_\_ | b. Grade Point Average:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **9.** Comprehensive Written Exam Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Score obtained:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **10.** Proposed Research Plan Enclosed: Yes/ No | |
| **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. Proposed Date for Registration Seminar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(After taking consent of all DC members)

Signature of the Co-Supervisor (if any) Signature of the 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**