**FORM VIII-A**



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**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

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

##### **Ph.D. Thesis Pre-Submission form**

*(To be submitted at least 10 working days before the proposed date)*

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| --- | --- | --- | --- |
| **1.** | Name of Scholar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **2.** | Roll no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **3.** Department\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **4.** | Category (Please tick): Full time/ Sponsored (Part Time)/ Project Fellow | |  |
| **5.** | Date of Admission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **6.** Date of Registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **7.** | (a) Name of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | (b) Name of Co-Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **8.** | Title of thesis : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: Signature of the Scholar | | |
|  | Required Enclosures:  1. List of Publications (Journal/ Conference and Book Chapters) to be signed by the Scholar and the Supervisor .  2. Synopsis to be signed by the Scholar and the Supervisor.  3. Draft Thesis to be signed by the Scholar and the Supervisor.  **4. Draft panel of at least Ten external examiners (Five Indian and Five Foreign). Final list to be submitted with the report after recommendation of the DC.** | | |
| **9** | Proposed date for the seminar:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

Remarks of the DC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of DC members:

1. …………………………………(Chairman)
2. ………………………………… (Member)
3. ………………………………… (Co-supevisor)
4. ………………………………(Member)
5. ………………………………( Member)
6. …………………………..…..(Supervisor)

Remarks of DRC Chairman:

Signature of DRC Chairman

Date:

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Forwarded to Dean (AA)

Dean (AA)

Approved/Not Approved

Director