**FORM-VIII-B**

**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

***(Application Form for Enhancement of Scholarship-cum- Constitution of Review Committee)***

 ***(To be filled in by the scholar)***

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roll No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Department/Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Category (please tick): Full time/ Part time/ Sponsored/ Project Fellow
4. a) Name of Supervisor:
5. b) Name of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_
6. Date of admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Date of Registration: No. of Semester completed: \_\_\_\_\_\_\_\_\_\_\_
8. Title of the work:
9. Publication: (i) Journal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ii) Conference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(1st page of each publication must be enclosed)*

*Date:*

Signature of Scholar

Remarks by the Supervisor/Co-supervisor for extension:

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

*Date:* Signature of Supervisor(s)

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| For Office Use only |
| **Remarks/Recommendation by Chairman, DRC/CRC****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Chairman DRC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Remarks by Dean (Academics)**Proposed Review committee:1. DC members:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Senior faculty from DRC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Senior faculty from other relevant Department:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dean (AA) |
| **Approved/Not Approved**Director |