**FORM VI**



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**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

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

##### **Ph.D. Semester/Course Registration Form**

*(To be filled by all Ph.D Scholars at the beginning of each Semester)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** | Fee paid receipt no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **2.** Date:\_\_\_\_\_\_\_\_\_ | **3.** Semester: Autumn/Spring | | **4.** Year\_\_\_\_\_\_\_\_\_\_\_ |
| **5.** | Name of Scholar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **6.** | Roll no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **7.** Department\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **8.** Date of Admission/Enrolment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **9.** | Category (Please tick): Full time/ Sponsored (Part Time)/ Project Fellow | | | | **10.** Registration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **11.** | (a) Name of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | (b) Name of Co-Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **12.** | No of semesters completed: \_\_\_\_\_\_\_\_\_\_ | | | | | |
| **13.** | Courses to be registered: | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Course Code** | **Course Title** | **L** | **T** | **P** | **Credit** | **Signature of Course Instructor** |
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*Check list for Semester/Course Registration:*

1. Form VIII A along with Progress Report (if Ph.D Registration is completed).
2. Fee Receipt(s).

Date: Signature of Scholar

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor(s) Signature of HoD

**Forwarded to Academic Section:**

*Any other Remarks:*

Signature of JA Signature of Supdt.(AA) Signature of AR(AA)

Signature of PIC(PG&R) Dean(AA)