**FORM IV A(n)**



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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 the scholar in consultation with the Concerned HoD/Proposed Supervisor)

|  |  |
| --- | --- |
| **1.** | Name of Scholar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2.** | Department\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3.** | Category (Please tick): Full time/ Project Fellow  |
| **4.** | (a) Name of Proposed Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **5.** | (b) Name of Proposed Co-Supervisor (if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **6.** | Whether eligible for Credit exemption of non-compulsory courses: (YES/NO) |
| **7** | If Yes, specify the date of award of preceding degree:  |
| **8.** | Courses to be registered: |

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| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Course Code**  | **Course Title** | **L** | **T** | **P** | **Credit** |
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Date: Signature of Scholar

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

Signature of Proposed Supervisor(s) Signature of HoD

**Forwarded to Academic Section:**