**FORM – IV F**



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**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

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

#####  **Ph.D Credit Transfer Form (For Full Time Scholars only)**

*(Note: Compulsory courses cannot be exempted. This form must be submitted at least 1 month before course registration of 2nd semester)*

|  |  |
| --- | --- |
| **1.** | Name of Scholar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2.** | Roll no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **3.** Department\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **4.** Date of Admission/Enrolment\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **5.** | Category (Please tick): Full time/ Project Fellow  |  |

**6.** PG Completion Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CGPA/Percentage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like transfer the credits of the following courses;

|  |  |
| --- | --- |
| **Course at Previous Institute** | **Equivalent Course at NIT Meghalaya** |
| **Sl. No.** | **Course Code**  | **Course Title**  | **Credits** | **Course Code** | **Course Title** | **Credits** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Supporting documents to be attached with this form syllabi, gradesheet etc .

 Signature of the Scholar

 Date:

Remarks by the DRC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Name & Signature of the DRC members (except DRC Chairman and Supervisor(s): |
| (a) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(member) | (b)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(member) |
| (c) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (member)  | (d)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(member) |
| (e) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (member)  | (f)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(member) |

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

Date: Date:

Any Remarks of DRC Chairman: ………………………………………………………………………………………………

Signature of DRC Chairman

Date:

Forwarded to Academic Section

Remarks of Dean (AA)

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Dean (AA)

Approved / Not Approved

Director