

NATIONAL INSTITUTE OF TECHNOLOGY (UNIVERSITY)

(Established by Ministry of Human Resources Development, Govt. Of India)

Yupia, District Papum Pare, Arunachal Pradesh - 791112

Fax: 0360 - 2284972, E-mail: directornitap@gmail.com



NIT, AP FELLOW (INTERNAL FACULTY)/ NIT, AP (PROJECT/RESEARCH) FELLOW/EXTERNAL FELLOW

DEPARTMENT / SCHOOL OF _____

**AFFIX
ATTESTED
RECENT
PHOTOGRAPH**

**To
THE DIRECTOR
NATIONAL INSTITUTE OF TECHNOLOGY
ARUNACHAL PRADESH, YUPIA - 791112**

SIR,

I HEREBY DESIRE TO APPLY FOR REGISTRATION AS A CANDIDATE FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN SCIENCE/ENGINEERING OF YOUR UNIVERSITY AND SUBMIT BELOW THEREQUISITE DETAILS. IF ACCEPTED, I SHALL ABIDE BY THE RULES AND REGULATIONS OF THE UNIVERSITY. PARTICULARS GIVEN BELOW ARE TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE & BELIEF.

**1. NAME (IN BLOCK LETTERS).....
(ACCORDING TO THE SCHOOL LEAVING CERTIFICATE)**

2. DATE OF BIRTH..... SEX..... MARITAL STATUS.....

3. FATHER'S NAME

4. MOTHER'S NAME.....

**5. CASTE: GENERAL/SC/ST/OBC/PHYSICALLY CHALLENGED
(STRIKE OUT WHICH IS NOT APPLICABLE)**

6. NATIONALITY

7. PERMANENT ADDRESS.....

8. ADDRESS FOR COMMUNICATION

9. E-MAIL ID:.....

10. UNIVERSITY REGISTRATION NO..... OF
(IF AN EX-STUDENT OF THIS UNIVERSITY)

11. PARTICULARS OF ACADEMIC CAREER:

Sl. No.	Examination Passed	Name of Institute/ University	Year of Passing	Major Discipline	Total Marks obtained	% of Marks /CGPA

- (i) ATTESTED COPIES OF ALL CERTIFICATES & MARK SHEET OF DEGREES ETC. MUST BE ENCLOSED.
- (ii) MIGRATION CERTIFICATE, IN ORIGINAL, MUST BE SUBMITTED ALONG WITH THIS REGISTRATION FORM.

12. WHETHER QUALIFIED FOR

**NET/SET/GATE/ANY OTHER EQUIVALENT EXAMINATION/TEACHER FELLOWSHIP: YES/NO.
(PLEASE ENCLOSE RELEVANT DOCUMENT)**

12. MENTION THE SUBJECT OF ADMISSION TEST (IF REQUIRED).....

13. EXPERIENCE:

ORGANISATION SERVED AS JRF/SRF/EMPLOYEE**	DESIGNATION	PERIOD		PAY/FELLOWSHIP
		FROM	TO	

** SUBMIT DOCUMENTS IN SUPPORT OF YOUR STATEMENT.

14. LIST OF PUBLICATIONS, IF ANY*

SL. NO	TITLE OF BOOK / PAPER*	NAME OF THE JOURNAL	DATE OF PUBLICATION, VOLUME NO. OF JOURNAL

* USE SEPARATE SHEET IF NECESSARY

15. PRESENT EMPLOYMENT/FELLOWSHIP (IN BLOCK LETTERS) :

NAME OF ORGANIZATION

.....

NATURE OF RESEARCH WORK/DUTY

16. PROPOSED RESEARCH WORK :

(A) **PROPOSED TITLE OF THE THESIS (TENTATIVE):**.....

.....

(B) **SYNOPSIS OF THE SCHEME (USE SEPARATE SHEET):**.....

(C) **DEPARTMENT AND INSTITUTION WHERE THE PROPOSED RESEARCH WORK IS TO BE CARRIED ON WITH ADDRESS:**.....

.....

(D) **NAME AND DESIGNATION OF THE SUPERVISOR(S) (PROPOSED BY THE CANDIDATE)**

(1).....

(2).....

(3).....

YOURS RESPECTFULLY

DATE :(SIGNATURE OF THE APPLICANT IN FULL)

EMPLOYER'S CERTIFICATE

SRI/SMT..... IS A FULL TIME/PART TIME EMPLOYEE OF THIS ORGANISATION /INSTITUTION/INDUSTRY WORKING IN THE CAPACITY OF WE HAVE NO OBJECTION TO HIS/HER PURSUING PH.D. RESEARCH WORK AT NIT ARUNACHAL PRADESH AS PERMITTED UNDER THE RULES.

DATE :.....

FULL SIGNATURE WITH DESIGNATION OF THE EMPLOYER WITH OFFICIAL SEAL

DECLARATION CERTIFICATE
(STRIKE OUT WHICH IS NOT APPLICABLE)

I AM NOT PURSUING ANY COURSE OF STUDY AT ANY OTHER UNIVERSITY/INSTITUTION IN INDIA OR ABROAD AT PRESENT. IN CASE PROVED OTHERWISE, MY REGISTRATION UNDER THIS UNIVERSITY WOULD STAND CANCELLED FORTHWITH.

I AM EMPLOYED/UNEMPLOYED/PART-TIME EMPLOYED AT PRESENT.

(SIGNATURE OF THE APPLICANT IN FULL)

RECOMMENDED

(I)

(II)

(III)

(SIGNATURE OF THE SUPERVISOR/S)

DATE :

17. CONSENT OF THE PROPOSED SUPERVISOR:

SIGNATURE OF THE SUPERVISOR/S

18. DECLARATION FROM THE SUPERVISORS REGARDING TOTAL NO. OF REGISTERED PH.D. CANDIDATES UNDER HIS/HER SUPERVISION IN DIFFERENT UNIVERSITIES/INSTITUTION ORGANISATION.

Sl. No	NAME OF THE CANDIDATE WHO HAS NOT YET SUBMITTED HIS/HER THESIS	DATE OF REGISTRATION	NAME OF THE UNIVERSITY/ INSTITUTION	REMARKS, IF ANY

=====

PH.D RESEARCH COMMITTEE

A. REGISTRATION FOR PH.D. PROGRAMME

APPLICATION OF

FOR REGISTRATION OF NAME FOR PH.D. DEGREE.

1. WE INTERVIEWED THE CANDIDATE ON :QUALIFIED/NOT QUALIFIED

2. ADMISSION TEST: WAIVED/ QUALIFIED/ NOT QUALIFIED

3. WE HAVE CHECKED THE UNDER MENTIONED ORIGINAL CERTIFICATES:

(I) SCHOOL LEAVING CERTIFICATE EXAM. (II) HIGHER SECONDARY/EQUIVALENT EXAM.

(III) B.A / B. SC / B. TECH (IV)M.A / M. SC / M. TECH

(V) M. PHIL (VI) OTHERS

DATE:.....SIGNATURE OF THE HEAD OF THE DEPARTMENT/DIRECTOR OF THE SCHOOL&CHAIRMAN , PH.D RESEARCH COMMITTEE WITH SEAL.

=====

LIST OF ENCLOSURES/CHECK LIST :

i. COPY OF ALL THE CERTIFICATE AS PROOF OF ACADEMIC RECORDS

ii. APPOINTMENT LETTER OF THE FELLOWSHIP

iii. JOINING LETTER OF THE FELLOWSHIP

iv. SYNOPSIS OF THE SCHEME

DATE:.....CHECKED BY DEAN (R&D)

=====

APPROVAL OF THE CHAIRMAN OF AC/SENATE

APPROVED/NOT-APPROVED

DIRECTOR

=====