



NATIONAL INSTITUTE OF TECHNOLOGY: TIRUCHIRAPPALLI
ACADEMIC OFFICE

1

CHOICE OF GUIDE [M.S. (by Research) / Ph.D.]

Name (in Capital letters)	
Roll No.	
Type of Registration	INSTITUTE SCHOLARSHIP / TEQIP / NON STIPENDIARY / QIP / PROJECT/ STAFF / OTHER FELLOWSHIP / SPONSORED
Department	
Broad Area of Research	

Sl. No	Name of the Faculty	Signature	
		Willing to guide	Not Willing to guide

Choice of Guide

- 1.
- 2.
- 3.

Signature of the Scholar with date

Guide should be allotted as per Ph.D. regulations P.8.2 / M.S. Regulations R.6

Guide Allotted

- 1.

Date:

Head of the Department