



**ACADEMIC OFFICE**  
**NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI – 620 015**

**MS (by Research) GENERAL TEST COMMITTEE PANEL SUBMISSION FORM**

Name of the Scholar	
Roll Number	
Department	
Date of Registration	
Type of Registration	Full Time (Institute Scholarship / Project) Part Time (Sponsored) Others (Specify)
Name and Designation of Guide(s)	
Research Area	

*Panel Proposed by the Research Guide*

Chairman (One Senior faculty member from the concerned department to be nominated by the research Guide)

One faculty Member [to be nominated by the Dean (Academic)]

1.

2.

One technical expert (external) from leading academic institutions / national laboratories / industry [to be nominated by the Dean (Academic)]

1.

2.

Signature of the Guide

Head of the Department

Associate Dean/Dean (Academic)