NATIONAL INSTITUTE OF TECHNOLOGY: TIRUCHIRAPPALLI

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ACADEMIC OFFICE

COURSE WORK REGISTRATION FORM [M.S. (by Research) / Ph.D.]

Name (in Capital letters)	
Roll No.	
Type of Registration	**Full Time** (Institute Scholarship / Project / Non-Stipendiary / Other fellowship / QIP) **Part Time** (On Campus / External / Staff / Sponsored) **Others** (Specify)
Department	
Month and Year of Examination	

Sl. No	Course Code	Name of the Course	No. of Credits	Name of the Faculty offering the Course	Signature of the faculty

Signature of the Scholar

Signature of the Guide

Date:

Head of the Department