



ACADEMIC OFFICE
NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

Phone : +91-431-2503013,3918, Fax : +91-431-2500133 (O/o the Director), E-Mail : pgsection@nitt.edu

PERMISSION TO CARRY OUT THE PROJECT OUTSIDE THE INSTITUTE (For M.Tech. Students)

Name	:	
Roll Number	:	
Programme	:	
Department	:	
Specialization (for M.Tech.)	:	
Semester	:	
Internal Guide	:	Name : Designation : Division / : Department : Phone No : E-Mail :
Name of the University / Organization (Proposed for Project)	:	
External Guide	:	Name : Designation : Division / : Department : Phone No : E-Mail :
Duration	:	From _____ To _____
Signature of the student	:	
Signature of the Internal Guide	:	
Signature of the Coordinator (M.Tech.)	:	
Signature of the Head of the Department	:	
Signature of the Associate Dean (Academic)	:	
Signature of the Dean (Academic)	:	

Date:

Note: Attach the original permission letter / approval letter from the organization / university.