



ACADEMIC OFFICE
NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI – 620 015

MINUTES OF THE FINAL MEETING OF THE DOCTORAL COMMITTEE

Name (in Capital letters)	
Roll No.	
Department	
Date & Time of Meeting	
Thesis title	
Recommended for the Award of Degree as such	Indian <input type="checkbox"/> Foreign <input type="checkbox"/>
Recommended with suggested corrections (Corrected thesis to be submitted)	Indian <input type="checkbox"/> Foreign <input type="checkbox"/>
Remarks:	

Name and Signature of the members with date

External Member

Internal Member

Allied Dept. Member

Research Guide

Chairperson

Associate Dean (MS/Ph.D.)

Dean (Academic) / Director