



**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)–External /Part Time- Internal Others (Specify)
Name and Designation of Guide	
Research Area	

***Panel Proposed by the Research Guide***

**Chairman:** One Senior faculty member from the concerned department [to be nominated by the research Guide]

1. Name, Designation, Department

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

1. Name, Designation, Department
2. Name, Designation, Department

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

1. Name, Designation, Department or Organization address
2. Name, Designation, Department or Organization address

**Signature of the Guide**

**Head of the Department**

**Associate Dean / Dean (Academic)**

(Note: please send hard copy of this form to M.S. / Ph.D. Section and photo copy of this form to [phdsection@nitt.edu](mailto:phdsection@nitt.edu))