

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

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

Name (in Capital letters)	
Roll Number	
Type of Registration	 Full Time (Institute Scholarship (HTRA) / Other Fellowship (QIP / ICCR / JRF / CSIR / DST / DAE / NBHM / etc.) / Project / Non-Stipendiary) Part Time Internal(staff) / External (Industry with R&D) / External-On Campus Others (Specify)
Date of Registration	
Department	
Name of the Guide	
Month and Year of	
Examination	

SI. 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

(After getting signature from HOD, the photocopy(xerox) of this form may be given to Department office and then candidate can register the courses in MIS, once courses are uploaded by HOD. The hardcopy of MIS course registration form and this form with signature may be sent to M.S. / Ph.D. section)

3B