

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

PROFORMA TO BE SUBMITTED BY THE MS / Ph.D. SCHOLARS AT THE TIME OF SUBMITTING THE THESIS

| Name of the Scholar | : |
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| Roll Number | : |
| Department | : |
| Type of Registration | : |
| Name of the Guide(s) | : |
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| Date of Registration | : |
| Date of Submission of Synopsis | : |
| Date of Submission of Thesis | : |
| Title of the Thesis | : |

PLACEMENT DETAILS

| Whether got placement IF Yes | : | |
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| Name of the Organization & Address | : | |

PERSONAL DETAILS

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