



DEPARTMENT OF _____
NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

PARTICIPANTS / 1st SEMINAR TALK

Date:

Name of the Scholar	:	
Roll Number	:	
Department	:	
Name of the Guide	:	
Name of the Co-Guide (if any)	:	
Date of Registration	:	
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 (without GATE) / External-On Campus (with GATE / etc.) Others (Specify)
Date	:	
Time	:	
Venue	:	
Title	:	

Sl. No.	Name	Designation	Signature
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Signature of the Co-Guide (if any)

Signature of the Guide