



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

**WILLINGNESS FOR COMPREHENSIVE EXAMINATION**

Name of the Scholar (in Capital letters)	:	
Roll Number	:	
Department	:	
Name of the Guide	:	
Date of Registration	:	
Type of Registration <b>Full Time</b> (Institute Scholarship (HTRA) / Other Fellowship (QIP / ICCR / JRF / CSIR / DST / DAE / NBHM / etc.) / Project / Non- Stipendiary <b>Part Time</b> Internal(staff) / External (without GATE) / External-On Campus (with GATE / etc.) <b>Others</b> (Specify)	:	
Proposed Research Area	:	

Sl. No	Course Code	Name of the Course	No. of Credits	Month and Year of Examination	Grade	Grade Point
					CGPA	

*Note: Kindly attach a transcript*

**DECLARATION**

I have completed all the prescribed course works, and also completed 2 semesters. I am willing to undergo a qualifying Comprehensive Examination.

**Signature of the Scholar**

**Signature of the Guide**

**Date:**

**Head of the Department**