

Form - 1

(To be submitted in the Official Letter Head by the Ph.D. External (Industry/organization with R&D facility) Registration Candidates)

The application from Mr./ Ms. _____ working
as _____ in _____
since _____ is herewith recommended and forwarded for admission under
External Registration Scheme for part time Ph.D. Program in the Department
of _____, National Institute of Technology, Tiruchirappalli

Certified that:

1. Our organization has adequate facilities for carrying out the research as indicated by the applicant and if he/she is selected, these will be made available to him/her till the completion of the programme.
2. The applicant will be deputed/given leave for duration of his/her residence period at NIT, Tiruchirappalli (if required).
3. Facilities will be made available to the Supervisor (External Research Co-Supervisor) to supervise the work of the applicant and to attend the DC meetings at NIT, Tiruchirappalli, when necessary.
4. Till the completion of his/her research programme, the applicant will not ordinarily be transferred to another unit or place which may impede his/her work under the scheme. If such a transfer is necessary, NIT, Tiruchirappalli will be informed atleast before one month of such transfer order.
5. No part of the work carried out in fulfillment of the Research programme will be utilized commercially or for applying for a Patent without the approval of National Institute of Technology, Tiruchirappalli

Date:

Signature of the Sponsoring Authority

Name and Designation

Seal of the organization / Institution

Postal address of the Organization / Institution:

Form - 2

Certificate from the External Research Co-Supervisor/ Research coordinator (To be submitted by the Ph.D. External (Industry / organization with R&D facility) Candidates)

This is to state that in the event of Mr./ Ms. _____ of this organization being selected for part time Ph.D. programme in the Department of _____ under the External Registration Scheme of NIT, Tiruchirappalli, I agree to be his/her External Research Co- Supervisor / Research coordinator and shall extend all possible guidance and access to the following facilities to enable him/her to carry out his/her research programme towards the submission of thesis.

*Particulars of Prospective External Research Co-Supervisor/Research Coordinator:

1.	Name of proposed External Research Co-Supervisor / Research coordinator (In Block letters)	:	
2.	Designation	:	
3.	Academic qualifications of External Research Supervisor /Research coordinator	:	
4.	Experience (No. of Years)	:	
5.	No. of Publications with details	:	
6.	Membership in Professional Societies	:	

Research Facilities (relevant to area of research only) Available (To be listed here)

Date:	Signature of the External Research Co-Supervisor / Research Coordinator Name and Designation
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Seal of the organization

*The external Research Co-Supervisor should have a Ph.D. degree and a minimum of 2 papers in refereed journals. The research coordinator should have a PG degree with atleast ten years of experience with regular position in the organization.

Form - 3

(To be submitted in the Official Letter Head by Ph.D. Part time – External (On campus) candidates)

The applicant _____ working as _____ in _____ since is herewith recommended and forwarded for admission under Part time - External - On campus scheme for Ph.D. programme in the Department of National Institute of Technology, Tiruchirappalli.

1. We note that facilities of the NIT, Tiruchirappalli will be made available to him/ her for carrying out the research work under the supervision of a Research Supervisor and he/ she has to pay full fees every semester for the use of laboratory, library and other facilities of the Institute.
2. The research facilities available in our organization will also be accessible to him/ her in the case of selection.
3. The applicant will be deputed/given leave for duration of his/her residence period at NIT, Tiruchirappalli.
4. Till the completion of his/her research programme, the applicant will not ordinarily be transferred to another unit or place which may impede his/her work under the scheme. If such a transfer is necessary, NIT, Tiruchirappalli will be informed atleast before one month of such transfer order.
5. No part of the work carried out in fulfillment of the Research programme will be utilized commercially or for applying for a Patent without the approval of National Institute of Technology, Tiruchirappalli.

Date:

Signature of the Sponsoring Authority
Name and Designation

Seal of the organization / Institution

Postal address of the Organization/ Institution

ANNEXURE - II

DECLARATION FOR THE LATE SUBMISSION OF RELEVANT DOCUMENTS

Name of the Candidate	
Date of Birth	
Course	Ph.D./MS (by Research)
Ph.D. Admission Category	FT-HTRA / FT-Externally Funded and Project / FT-Non Stipendiary / PT-External (Industry) / PT-On Campus
MS (by Research) Admission Category	FT-Project / PT-Project / PT-Staff
Application Number	
GATE Score (if applicable)	
Qualifying Degree Passing Status	Appeared / Passed
Qualifying Degree	
Qualifying Degree Discipline	
Mobile Number	
E-mail	

Allotment Details

Allotted Department	
Allotted Community Category	

The following certificates are not currently available with me due to late declaration of result / non-issuance of certificate. I undertake that I will submit the following certificate(s) on or before 15th February 2026, failing which I shall forgo my admission at NIT, Tiruchirappalli. Further, I am aware that I would get the HTRA/Fellowship only after the submission/verification of the following certificates:

1. Original Provisional / Degree certificate
2. Original Transfer Certificate/Migration Certificate
3. Original Grade / Mark Sheets
4. Valid GATE / National level qualifying examination scorecard
5. Any other*

Date

Signature of the Candidate

****Note: This late submission form is not applicable for the CATEGORY CERTIFICATE.***

GEN EWS / OBC-NCL / SC / ST candidates should produce the required original category certificate

MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt. _____ Son / Daughter of
Shri _____ aged _____ Years, Residing at _____

District _____ State _____ Pincode _____ and certify
that, he / she is free from deafness, defective vision (including colour vision) or any
other infirmity, mental or physical, likely to interfere with the efficiency of his / her work
and found him / her possessing good health.

This certificate is being given to him / her for the purpose of _____

Signature of Candidate

(To be signed in presence of the Medical Officer)

Signature of Medical Officer: _____

Name of Medical Officer: Dr. _____

Registration No _____

Date:

Seal

Note: Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree
and registered with Medical Council of India, shall only be valid. The date of issue of the medical
certificate should be within **one year** from the date of application.