

20.0. FORMATS OF DIFFERENT FORMS IN RELATION TO Ph.D. STUDIES

NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR

Office of the Dean (Academic Research)

Mahatma Gandhi Avenue, Durgapur-713209,

West Bengal, INDIA

Formats of Different Forms in Relation to Ph.D. Studies

(ALL CONFIDENTIAL DOCUMENTS IN PRINTED FORMATS ARE TO BE SUBMITTED THROUGH DSC & THE OFFICE OF HODS/CENTERS IN SEALED ENVELOPE ONLY)

FORM NO.	DESCRIPTION
1	Information Sheet
2	Ph.D. Semester Registration Form
3	Doctoral Scrutiny Committee (DSC) (The FORM 3 can be used for the submission of revised DSC, if required)
4	Courses to be Undertaken by the Scholar During Doctoral Programme
5	Registration Form for Ph.D. Programme
6	Evaluation Report for Enhancement of Fellowship for Ph.D. Degree
7	Evaluation Report on Pre-Submission Seminar for Ph.D. Thesis
8	Ph.D. Thesis Submission Form
9	Ph.D. Thesis Re-Submission Form
10	List of Examiners (Summary) for Evaluation of Ph.D. Thesis
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16	Format of Willingness Certificate from the External Faculty Member Who Wishes to Become Co-supervisor of a Ph.D. Student at NIT Durgapur
17	Format of No Objection Certificate from The Employer to Become Co-supervisor of a Ph.D. Student at NIT Durgapur
18.	Faculty Information Sheet

1. Name of the Scholar (Block Capital Letters):

2. Father's Name:

3. Roll No. (To be given after the admission):

4. Name of the Department/Centre:

5. Category of Admission (Category A, B, C, etc.):

6. (a) Gender (Male/Female/Transgender):

(b) Blood Group:

7. Marital Status (Married/Single):

8. Identity Card Name and Number:

9. Category (OPEN/ OBC-NCL/SC/ST/EWS):

10. PwD (Yes/No):

11. (a) Nationality (Indian/Foreign):

(b) In case of Foreigner - Passport No:

Visa No:

12. (a) NET/GATE (Score):

a.1. NET:

a. 2. GATE:

(b) Year of Qualifying/ Period of NET/ GATE:

(c) Rank (GATE/NET etc.):

(d) Branch/Discipline:

13. Complete Postal Address with PIN Code:

14. Telephone/Mobile No.:

15. E- Mail ID:

16. Academic Qualification: (Starting from Madhyamik (10th) or Equivalent Examination)

Name of Exam. Passed	Name of the School/College/ Institute/University	Year of Passing	Discipline/ Specialization	Percentage of Marks /CGPA

17. If employed, [Name of the employer, nature of work, total experience, copy of the Sponsorship/No-Objection certificate from the organization/Employer must be enclosed]:

(a) Name of the Employer:

(b) Nature of Service/work:

(c) Total years of Experience:

(d) List of Enclosures (Sponsorship/No-Objection certificate from the organization/Employer):

18. Full signature of the Scholar with Date:

Forwarded with comments by Head of the Dept./Centre Coordinator:

Signature of the Head with date:

Department of -----

Asso. Dean (Academic Research) / Dean (Academic Research)

Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

July 2021

Ph.D. SEMESTER REGISTRATION FORM**(SEMESTER 1 TO SEMESTER 10: PSRF-1 TO PSRF-10)****(To be submitted at the beginning of each semester on payment of the registration fee)**

1. Name of the Scholar:**2. Roll No.:****3. Registration No. (after Ph. D. registration):****4. Department / Branch:****5. Institute Fees paid (Attach self-attested copy of payment receipt): (a) Amount (Rs.):****(b) Mode of payment details (Online/Offline):****(c) Transaction Id/ Receipt No. /Reference No.:****(d) Date of Payment:****6. Semester No. (Sem. 1, Sem. 2 etc.):****7. Academic Session:****8. Courses to be taken in this Semester:**

Sl. No.	Course Code	Name of the subject(s)	Signature of the faculty/(s) offering the Course
1.			
2.			
3.			
4.			

9. Progress (within -50 words) made by the scholar during the LAST semester (Detailed progress report may be attached as additional sheet):**10. Full Signature of the Scholar with date:**11. (a) The Progress made by the scholar is Satisfactory? (Filled in by the supervisor): **YES / NO**(b) Is the scholar eligible for the semester registration? (Filled in by the supervisor): **YES / NO****Signature of Supervisor with date:****Signature of the Chairperson, DSC****Asso. Dean (Academic Research) / Dean (Academic Research)**

NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR

FORM -3

Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

DOCTORAL SCRUTINY COMMITTEE (DSC)

July 2021

(To be submitted within 15 days after taking admission in the programme)

The DSC is here by constituted for the doctoral study of the following scholar:

1. Name of the Scholar:**2. Roll No.:****3. Date of Admission /Enrollment:****4. Name of the Department:**

Sl. No.	Member / Chairperson	Full Name	Dept./ Organization	Signature
1.	CHAIRPERSON (DRPC / Chairperson DSC Nominated)	HOD (ex-officio / Chairperson DSC Nominated)		
2.	Concerned supervisor(s) for the research scholar	(i)	(i)	(i)
		(ii)	(ii)	(ii)
3.	Two faculty members of the Department having Ph.D. degree [if not available, faculty member(s) from other Department(s) with Ph.D degree]	(i)	(i)	(i)
		(ii)	(ii)	(ii)
4	MEMBER One non-departmental faculty member of the Institute having Ph.D degree (Nominated by the Senate)			

IT IS CERTIFIED THAT AT PRESENT ANY OF THE SUPERVISORS IS NOT SUPERVISING MORE THAN 06 (SIX) Ph.D. SCHOLARS.

Signature of CHAIRPERSON, DSC:**Date:****Asso. Dean (Academic Research) / Dean (Academic Research)**

[Please attach the CV, consent letter and NOC of the employer from the supervisor, if s/he is not a faculty member of NIT Durgapur. NOC is not required if the supervisor belongs to an institution/organization having MoU with NIT Durgapur]

NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR **FORM - 4**

Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA
COURSES TO BE UNDERTAKEN BY THE SCHOLAR DURING DOCTORAL PROGRAMME
(To be submitted within TWO months of admission to the programme)

July 2021

1. Name of the Scholar:

2. Roll No.:

3. Date of Admission /Enrollment:

4. Department / Branch:

5. Coursework assigned by the DSC:

Sl. No.	Course Code	Name of the subject(s)	Signature of the Faculty/(s) offering the Course
1.			
2.			
3.			
4.			
5.			

6. Name and Signature of the DSC Members:

Sl. No.	Name of the DSC member	Role	Signature with date
1.		Supervisor /(s)	
2.		Supervisor /(s)	
3.		Member	
4.		Member	
5.		Member	

CHAIRPERSON, DSC

Asso. Dean (Academic Research) / Dean (Academic Research)

Registration Form for Ph.D. Programme**(To be submitted on completion of course work and pre-registration seminar)**

1. Name of the Scholar:

2. Roll No.:

3. Date of Admission /Enrollment:

4. Department / Branch:

5. Father's Name:

6. Complete Postal Address:

7. (a) Category of Admission: (b) Change of Category, if any (Category A, B, C, etc.):

8. Qualifying Degree of the Scholar with the Date of obtaining the Degree:

9. Course Works (Total Credit): (a) Assigned by DSC _____ (b) Requirement as per PhD Regulations: _____

(c) Completed: (enclose copy of the grade cards) _____.

Sl. No.	Course Code	Course Name	Grade Obtained	Date of Completion

9. Proposed area of Research [Two copies of the brief Outline of Proposed Research Work, signed by the Scholar & Supervisor (s) are to be submitted along with this application]:

10. Title of the Thesis:

11. Nos. of Publication (if any):

12. Date of Pre-registration Seminar:

Recommendation of DSC for Registration for Ph.D. Programme

Recommendation*:

Sl. No.	Name of the DSC Member	Role	Signature with date
1.		Supervisor /(s)	
2.		Supervisor /(s)	
3.		Member	
4.		Member	
5.		Member	

CHAIRPERSON, DSC

Registration No:

Approved in the RAC, dated:

Approved in the Senate dated:

Asso. Dean (Academic Research) / Dean (Academic Research)*[*Sample: The applicant has fulfilled all the requirements for registration to PhD Programme of the Institute and may be permitted for registration to the PhD Programme or as applicable].*

1. Name of the Scholar:**2. Department / Branch:****3. Roll No.:****4. Date of Admission/Enrollment:****5. Registration No.:****6. Date of Registration:****7. Date of Seminar****8. Title of the Thesis:****9. Details of Publications in Journals/Conferences, if any (Published/Accepted/Communicated):****(a) Journals:****(b) Conferences:****10. Recommendation:**(a) The Progress made by the scholar is Satisfactory? **YES / NO**(b) The DSC **RECOMMENDS/DOES NOT RECOMMEND** for an enhancement in fellowship:

(c) The Effective date of Enhancement in Fellowship (date of successful completion of the seminar):

11. Name and Signature of the DSC Members:

Sl. No.	Name of the DSC member	Role	Signature with date
1.		Supervisor /(s)	
2.		Supervisor /(s)	
3.		Member	
4.		Member	
5.		Member	

CHAIRPERSON, DSC**Dean (Academic Research)**

1. Name of the Scholar:
2. Department / Branch:
3. Roll No.:
4. Date of Admission /Enrollment:
5. Registration No.:
6. Date of Registration:
7. Date of Pre-submission Seminar
8. Title of the Thesis (FINAL):
9. Recommendation (Write the comments):

10. Publication Details and the comments of the DSC:

(a) Nos. of Research papers published/accepted for publication in Journals (SCI/SSCI/AHCI/Non-paid Scopus/ Web of Science)- Attach list of publications and the first pages of the papers): SCI: _____ SSCI: _____ AHCI: _____ Non-paid Scopus: _____ Web of Science: _____	Total =
(b) Nos. of Research Papers presented in Conferences/Seminars (Attach certificate of presentations and the first pages of the papers)	
Comment*:	

11. Name and Signature of the DSC Members:

Sl. No.	Name of the DSC members	Role	Signature of the DSC members with date
1.		Supervisor /(s)	
2.		Supervisor /(s)	
3.		Member	
4.		Member	
5.		Member	

CHAIRPERSON, DSC**Dean (Academic Research)**

*[*Sample Comment: The DSC members have scrutinized the publications and research work of the candidate and those are found to be Sufficient/ Not sufficient & Satisfactory / Not satisfactory as per Ph.D. regulations of the Institute.]*

Ph.D. THESIS SUBMISSION FORM**(Please Refer to the Checklist/Notifications for Submission of Other Required Documents)***[The filled up soft copies in pdf format (with Signature) must be sent from the Institute email address of Chairperson, DSC / Supervisor to Dean (Academic Research) only].***1. Name of the Scholar:****2. Department / Branch:****3. Roll No.:****4. Date of Admission/Enrollment:****5. Registration No.:****6. Date of Registration:****7. Date of Submission of Thesis:****8. Title of the Thesis:****9. Thesis submission fees (Enclose relevant documents as proof):****(a) Amount (Rs):****(b) Transaction details:****(c) Date of payment of fees:****10. Details of semester registration fees due (As applicable):****11. Recommendation of DSC:**

Sl. No.	Name of the DSC members	Role	Signature of the DSC members with date
1.		Supervisor /(s)	
2.		Supervisor /(s)	
3.		Member	
4.		Member	
5.		Member	

CHAIRPERSON, DSC**Dean (Academic Research)**

Ph.D. THESIS RE-SUBMISSION FORM**(Please refer to the checklist for submission of other required documents)***[The filled up soft copy in pdf format (with Signature) must be sent from the Institute email address of Chairperson, DSC/Supervisor to Dean (AR)/Asso. Dean (AR) only].*

1. Name of the Scholar:
2. Department / Branch:
3. Roll No.:
4. Date of Admission/Enrollment:
5. Registration No.:
6. Date of Registration:
7. Earlier Date of Submission of Thesis:
8. Title of the Thesis:
9. Result of Plagiarized check for revised PhD thesis (maximum permissible match upto 20% excluding Publications of the research scholar and corresponding supervisor (s)): %
10. Recommendation/Decision of the Indian Examiner on original thesis:
11. Decision of the Foreign Examiner on original thesis (To be revised and sent back/ Not recommended)
12. Date of communication of the decision to the supervisors:
13. Details of thesis Re-submission fees (Enclose relevant documents as proof):
(i) Amount (Rs): (ii) Transaction details: (iii) Date of fee payment:
14. (a) Date of payment of last semester registration fees:
(b) Details of payment of semester registration fees upto current semester (As applicable):
(i) Amount (Rs): (ii) Transaction details: (iii) Date of fee payment:
15. Recommendation with Comments of DSC:
16. Name and Signature of the DSC Members:

Sl. No.	Name of the DSC member	Role	Signature with date
1.		Supervisor /(s)	
2.		Supervisor /(s)	
3.		Member	
4.		Member	
5.		Member	

CHAIRPERSON, DSC**Dean (Academic Research)**

Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

July 2021

LIST OF EXAMINERS (SUMMARY) FOR EVALUATION OF Ph.D. THESIS

[The filled up soft copy in pdf format (with Signature) must be sent from the

Institute email address of Chairperson, DSC / Supervisor to Dean (AR) / Asso. Dean (AR) only].

All confidential documents in printed format are to be submitted through the office of HODs/Centers in sealed envelope only

- 1. Name of the Scholar:**
- 2. Department / Branch:**
- 3. Roll No.:**
- 4. Date of Admission / Enrollment:**
- 5. Registration No.:**
- 6. Date of Registration:**
- 7. Date of Submission of Thesis:**
- 8. Title of the Thesis:**
- 9. Total No. of research papers published/accepted for publication in SCI/SSCI/AHCI/Scopus/Web of Sc. Journals:**
 SCI: **SSCI:** **AHCI:** **Scopus:** **Web of Science:**
- 10. No. of papers presented in conferences/seminars (enclosed the presentation certificate):**
- 11. Result of Plagiarized check for PhD thesis** (maximum permissible match upto 20% excluding Publications of the research scholar and corresponding supervisor (s)): %
- 12. Courses completed as per requirement of the Ph.D. regulations: (Yes/No)**
- 13. All other necessary documents have been submitted to Academic Research Section: (Yes/No)**
- 14. Thesis Submission Fes (Enclose relevant documents as proof):**
 (a) Amount (Rs): **(b) Transaction details:** **(c) Date of fee payment:**

Sl. No.	Name of the DSC member	Role	Signature with date
1.		Supervisor /(s)	
2.		Supervisor /(s)	
3.		Member	
4.		Member	
5.		Member	
6.	Chairperson, DSC		

Dean (Academic Research)

DIRECTOR

NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR

Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

LIST OF EXAMINERS (INDIA- FIVE) FOR EVALUATION OF Ph.D. THESIS**FORM - 11****July 2021**

[The filled up soft copy in word format (without Signature) and pdf format (with Signature) must be sent from the Institute email address of Chairperson, DSC/Supervisor to Dean (AR)/Asso. Dean (AR) only]. All confidential documents in printed format are to be submitted through the office of HODs/Centers in sealed envelope only.

1. Name of the Scholar:**2. Registration No.:****3. Title of the Thesis:**

Sl. No.	Contact Details	Nos. of Times the Examiner Examined Thesis Supervised by the Present Supervisors Earlier
1	Name	
	Designation	
	Department	
	Name of the organization	
	Complete postal address with PIN code	
	Contact Phone No.:	
	E-mail	
	Webpage	
2	Name	
	Designation	
	Department	
	Name of the organization	
	Complete postal address with PIN code	
	Contact Phone No.:	
	E-mail	
	Webpage	
3	Name	
	Designation	
	Department	
	Name of the organization	
	Complete postal address with PIN code	
	Contact Phone No.:	
	E-mail	
	Webpage	
4	Name	
	Designation	
	Department	
	Name of the organization	
	Complete postal address with PIN code	
	Contact Phone No.:	
	E-mail	
	Webpage	
5	Name	
	Designation	
	Department	
	Name of the organization	
	Complete postal address with PIN code	
	Contact Phone No.:	
	E-mail	
	Webpage	

It is certified that the above persons have not acted as author/co-author of the research scholar in any of her/his publications (Journals /Conferences / Patent) at any time. It is also certified that the supervisor(s) of the thesis, do not have any potential conflict of interest with the above suggested examiners/persons.

Signature of the Supervisor / (s) & DSC members

Sl. No.	Name of the DSC Member	Role	Signature with date
1.		Supervisor / (s)	
2.		Supervisor / (s)	
3.		Member	
4.		Member	
5.		Member	
6.	CHAIRPERSON, DSC		

NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR

FORM -12

Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

LIST OF EXAMINERS (ABROAD-FIVE) FOR EVALUATION OF Ph.D. THESIS

July 2021

[The filled up soft copies in word format (without Signature) and pdf format (with Signature) must be sent from the Institute email address of Chairperson, DSC to Dean (Academic Research) only]. All confidential documents in printed format are to be submitted through the office of HODs/Centers in sealed envelope only.

1. Name of the Scholar:

2. Registration No.:

3. Title of the Thesis:

Sl. No.	Contact Details	No. of times the examiner examined thesis supervised by the present supervisors earlier
1	Name	
	Designation	
	Department	
	Name of the organization	
	Complete postal address with Box No. St. No. etc.	
	Contact Phone No.:	
	E-mail	
	Webpage	
2	Name	
	Designation	
	Department	
	Name of the organization	
	Complete postal address with Box No. St. No. etc.	
	Contact Phone No.:	
	E-mail	
	Webpage	
3	Name	
	Designation	
	Department	
	Name of the organization	
	Complete postal address with Box No. St. No. etc.	
	Contact Phone No.:	
	E-mail	
	Webpage	
4	Name	
	Designation	
	Department	
	Name of the organization	
	Complete postal address with Box No. St. No. etc.	
	Contact Phone No.:	
	E-mail	
	Webpage	
5	Name	
	Designation	
	Department	
	Name of the organization	
	Complete postal address with Box No. St. No. etc.	
	Contact Phone No.:	
	E-mail	
	Webpage	

It is certified that the above persons have not acted as author/co-author of the research scholar in any of her/his publications (Journals /Conferences / Patent) at any time. It is also certified that the supervisor(s) of the thesis, do not have any potential conflict of interest with the above suggested examiners/persons.

Signature of the Supervisor / (s) & DSC members

Sl. No.	Name of the DSC Member	Role	Signature with date
1.		Supervisor	
2.		Supervisor	
3.		Member	
4.		Member	
5.		Member	
6.			

CHAIRPERSON, DSC

[ON OFFICIAL LETTER HEAD]**Ph.D. THESIS EVALUATION REPORT**

Submitted to

NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR, INDIA

Please Fill up All the Fields under Sections- A, B, and C

A. DETAILS OF THE EXAMINERS	
Name of the Examiner:	
Designation:	
Official Address:	
E-mail ID:	
Telephone/Fax:	
B. DETAILS OF THE SCHOLAR/STUDENTS	
Name of the Scholar	
Registration No. of the Scholar:	
Title of the Thesis:	
C. DECISION ON THE AWARD OF Ph.D. DEGREE: (*Please submit the detailed report on the thesis separately).	
RECOMMENDATION TERMS	RECOMMENDATION (Please Specify /Write Your Recommendation by Choosing any One From the List of Recommendation Terms)
(i) Recommended. (ii) Not recommended. (iii) To be revised and sent back to the examiner. (iv) To be revised but need not be sent back to the examiner.	<hr/>

The undersigned declare that there is no Conflict of Interest.

Signature of the Examiner with official Seal

Place:

Date:

[ON OFFICIAL LETTER HEAD]

Ph.D THESIS EVALUATION REPORT
Submitted To
NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR, INDIA

DETAILED REPORT OF THE THESIS (at least 500 words)

(Please assess the strength and weakness of the Ph.D. thesis in detail and indicate corrections /clarification /scope for improvement, if any, in a separate attachment)

Signature of the Examiner with official Seal

Place:

Date:

REPORT ON VIVA-VOCE & DEFENSE FOR Ph.D. DEGREE

[The filled up soft copy in pdf format (with Signature) must be sent from the Institute email address of Chairperson, DSC to Dean (Academic Research) only].

1. Name of the Scholar:
2. Department / Branch:
3. Roll No.:
4. Date of Admission /Enrollment:
5. Registration No.:
6. Date of Registration:
7. Date of Submission of Thesis:
8. Title of the Thesis:
9. Date of Defense Seminar Presentation & Viva-Voce:
10. Total No. of papers published/accepted for publication in SCI/SSCI/AHCI/Scopus/Web of Sc. journals:
SCI: SSCI: AHCI: Scopus: Web of Science:
11. No. of papers presented in conferences/seminars (enclosed the presentation certificate):
12. Whether the modification/Correction (if any) as suggested by External Examiners have been incorporated and modified version of the thesis submitted:
13. **Recommendation:**
(A) Performance (Please attach additional sheet for any comments, if required):

(B) B1. Degree, if recommended, to be awarded (Yes/No):
 B2. Ph.D., Department of_____.
14. Name and Signature of Members of the Board Examiners (Defense & Viva-Voce):

Sl. No.	Name of the DSC members	Role	Signature of the DSC members with date
1.		Supervisor /(s)	
2.		Supervisor /(s)	
3.		Member	
4.		Member	
5.		Member	
6.		External Examiner	
6.	CHAIRPERSON, DSC with Seal		

Dean (Academic Research)

NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR

Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

FORM - 15

July 2021

FORMATION OF THE COMMITTEE FOR Ph.D DEFENSE BY VIDEO CONFERENCING (ONLINE) or PHYSICAL MODE

*[The filled up soft copy in word format must be sent from the
Institute email address of Chairman, DSC /Supervisor to Dean (Academic Research) only].*

1. Name of the Scholar:

2. Department / Branch:

3. Roll No.:

4. Date of Admission /Enrollment:

5. Registration No.:

6. Date of Registration:

7. E-mail:

8. Date of Submission of Thesis:

9. Title of the Thesis:

10. Date of Submission of the Compliance report:

Supervisor(s):

Name	Department	E-mail address

Members of the DSC:

Name	Department	E-mail address

Chairman DSC:

Name	Department	E-mail address

External Examiner (For Ph.D Defense Only):

Name	Affiliation	E-mail address

Additional attendee (at least three): (Faculty/Research scholar from the same or other Department)

Name	Affiliation and Department	E-mail address

(Full Signature of the Supervisor(s) with date)

(Full Signature of the CHAIRPERSON, DSC with date)

**Format of Willingness Certificate from the External Faculty Member
Who Wishes to Become Co-supervisor of a Ph.D Student at NIT Durgapur**

To whomsoever it may concern

This is to state that I, Prof./ Dr. (Full Name)
have been working as a (Designation)
in the Department of (Name of Department)
in..... (Name of Institute/university/organization).

I would like to express that I want to become a co-supervisor of the Ph.D. scholar
named..... Roll No.: and Registration No..... of the
Department ofof National Institute of Technology Durgapur.

I shall guide the student throughout his / her tenure as a Ph.D. student, as and when required following the
Ph.D. rules & regulations of National Institute of Technology Durgapur.

Thanking you

Yours sincerely,

Signature of the External Faculty Member

Official Seal & Date:

**Format of No Objection Certificate from the Employer to Become Co-Supervisor
of a Ph.D. Student at NIT Durgapur**

To whomsoever it may concern

This is to certify that Prof./ Dr. (Full Name) _____
has been working as a (Designation) _____
in the Department of (Name of Department) _____ in (Name of
Institute/University/Organization, Address) _____
for _____ Yrs., since _____ (XX XX XXXX).

We have no objection, if he/she now becomes a co-supervisor of the Ph.D. student named
.....Roll No.:..... & Registration No.:..... of the
Departmentof National Institute of Technology Durgapur.

He/she will do the needful for the said student as required, without affecting his/her regular assignments of
this Institute/University/Organization.

Thanking you
Yours sincerely,

(Full Signature Head of the Institute/University/Organization)

Date:

Official Seal

NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR

FORM - 18

July 2021

Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

FACULTY INFORMATION SHEET

[This is to be submitted by the supervisor (s) concerned along with the Form 3 during the formation of DSC]

Name of the Faculty			
Designation		Nos. of Ph.D. Students Supervised	
Department		Nos. of Ph. D. Students Supervising	

TABLE - 1**Details of Ph.D. Students (SUPERVISED)**

Sl. No.	Name of the Scholar	Name of Supervisor (s)	Year of Degree Award	Name of the Institute (Degree Awarded)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

TABLE - 2**DETAILS OF Ph.D. STUDENTS (SUPERVISING - AT NIT DURGAPUR)**

Sl. No.	Name of the Scholar	Roll No.	Reg. No.	Name of Supervisor (s)	Remarks (Ongoing / Submitted)
1.					
2.					
3.					
4.					
5.					
6.					

TABLE - 3**DETAILS OF Ph.D. STUDENTS (SUPERVISING - OUTSIDE NIT DURGAPUR)**

Sl. No.	Name of the Scholar	Roll No.	Reg. No.	Name of Supervisor (s)	Name of the Institute where the scholar is Admitted / Registered
1.					
2.					
3.					

Additional sheets may be used for **TABLE - 1**, **TABLE - 2** and **TABLE - 3**

The information as stated above is true and correct to the best of my knowledge.

Full Signature of the Faculty Member:**Date:**