

**NATIONAL INSTITUTE OF TECHNOLOGY, KURUKSHETRA
OFFICE OF DEAN (ACADEMIC)**

**REGISTRATION FORM (for Ph D Students)
Full Time/Part Time**

Name of Scholar : _____
 Department : _____
 Registration No : _____
 Progress Report : Submitted / Not Submitted

Semester (Please tick):

1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	13 th	14 th

Course code	Title	Credit (LTPCr)**	Course Co-Ord.	Remarks

Permanent Address : _____
 with contact No. & E-mail : _____
 : _____
 : _____
 Name of present Institute where he/she is working (for part time candidates only)

Details of fee deposit:

Bank Details			D D Details		
Challan No.	Date	Amount	DD No.	Date	Amount

Signature of Research Supervisor
 Progress Report

Signature of Scholar

Satisfactory/Not satisfactory*

Chairman, DRC

Dean (Academic)

If unsatisfactory, Chairman DRC should enclose relevant observations of DRC