Head of the Department



Date:

ACADEMIC OFFICE NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI – 620 015

	CHOICE	E OF GUIDE [for Full	Time Ph.D. candi	dates]
Name (ii	n Capital letters)			
Roll No.				
Type of Registration		INSTITUTE SCHOLARSHIP (HTRA) / OTHER FELLOWSHIP (QIP / ICCR / TEQIP / JRF / CSIR / DST / DAE / NBHM / etc.) / PROJECT / NON STIPENDIARY		
Department				
Broad Area of Research				
			Sign	nature
SI. No.	Name	of the Faculty	Willing to guide	Not Willing to guide
Choice	of Guide			
1.				
2.				
3.				
			Signature	of the Scholar with date
Guide sh	ould be allotted as pe	er Ph.D. current regulations		
Guide Al	llotted			
1.				