



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

APPLICATION / FOREIGN VISIT (UNIVERSITY / ORGANIZATION)

Name (in Capital letters)	
Roll No.	Date of Registration
Department	
Type of Registration	Full Time (Institute Scholarship (HTRA) / Other Fellowship (QIP / ICCR / JRF / CSIR / DST / DAE / NBHM / etc.) / Project / Non-Stipendiary) Part Time Internal (staff) / External (Industry with R&D) / External-On Campus Others (Specify)
Area of Research	
Guide	
Co-Guide (if any)	
Chairperson (DC)	
Date of Comprehensive Examination	
Name of the University / Organization (Proposed to Visit) <i>(Attach the permission letter / approval letter)</i>	
Duration	From _____ To _____
Purpose <i>(Attach the Permission / Approval Letter / Paper Acceptance Letter)</i>	
Funding Agency <i>(Kindly attach the sanctioned letter of the proposal)</i>	

RECOMMENDATIONS (DC)

Sl. No.	Name	Remarks / Recommendations	Signature with Date
1.	(Name) Research Guide		
2.	(Name) Co-Guide (if any)		
3.	(Name) Chairman (DC)		
4.	(Name) Head of the Department		

RECOMMENDATIONS (DEAN (R&C))

Sl. No.	Name	Remarks / Recommendations	Signature with Date
1.	(Name) Dean (R&C)		

RECOMMENDATIONS (DEAN (ACADEMIC))

COMMENTS (ASSOCIATE DEAN (MS & Ph. D.))	
--	--

Sl. No.	Name	Remarks / Recommendations	Signature with Date
1.	(Name) Dean (Academic)		

Director