



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

PERMISSION TO ATTEND TRAINING / SHORT-TERM COURSES /
CONFERENCES / WORKSHOPS

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)		
Guide			
Co-Guide (if any)			
Chairperson (DC)			
Current Status of the Research Work	Coursework completed: Yes / No Comprehensive examination completed: Yes / No		
Name of the Event (Training / Short-Term Courses / Conferences / Workshops) (Attach the Permission / Approval Letter / Paper Acceptance Letter)			
Organization			
Duration	From _____ To _____		
Total No. of working days			
Signature of the student			
Signature of the Guide			
Signature of the Head of the Department			

OFFICE USE

Signature of the Associate Dean (M.S. & Ph.D.)	
Signature of the Dean (Academic)	

Date:

Note: Attach the Permission / Approval Letter / Paper Acceptance Letter