



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

**PERMISSION FOR CONTINUING Ph.D. AFTER EXCEEDING THE MAXIMUM DURATION
6 YEARS FOR FULL TIME AND 7 YEARS FOR PART TIME (NOT MORE THAN 8 YEARS)**

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)						
Internal Member 1						
Internal Member 2						
Allied Department Member						
External Member (DC) / if any						
Current Status of the Research Work	Coursework completed	Yes		CGPA	:	
	Comprehensive examination completed	Yes		No		
	Date of Comprehensive Examination			:		
	A brief writeup on the current status of the Research work (<i>may attach separately</i>)					
Date of completion of 6 Years (Full time) / 7 Years (Part time)						

COURSE WORK DETAILS

Sl. No.	Course Code	Name of the Course	No. of Credits	Grade Obtained	Passed on session (mm/yy)

(Grade card needed to be attached)

Date of Previous DC Meetings	1	2	3	4

LIST OF PUBLICATIONS BASED ON Ph.D. RESEARCH WORK

***SCI Journals**

Sl. No.	Title of the paper	Authors (in the order they appear on the paper)	Name of the Journal	Volume, Page No. & year of publication

***SCIE Journals**

Sl. No.	Title of the paper	Authors (in the order they appear on the paper)	Name of the Journal	Volume, Page No. & year of publication

***SSCI Journals**

Sl. No.	Title of the paper	Authors (in the order they appear on the paper)	Name of the Journal	Volume, Page No. & year of publication

***ESCI Journals**

Sl. No.	Title of the paper	Authors (in the order they appear on the paper)	Name of the Journal	Volume, Page No. & year of publication

*** AHCI Journals**

Sl. No.	Title of the paper	Authors (in the order they appear on the paper)	Name of the Journal	Volume, Page No. & year of publication

*** Scopus Journals**

Sl. No.	Title of the paper	Authors (in the order they appear on the paper)	Name of the Journal	Volume, Page No. & year of publication

(Attach relevant documents)

Required time to complete the Ph.D. Programme	Upto _____ 20__
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OFFICE USE

Signature of the Superintendent (fees section) <i>Kindly contact the fees section / Academic Office for pending fee payments and fine</i>	
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RECOMMENDATIONS

Sl. No.	Name	Remarks / Recommendations	Signature with Date
1.	(Name) Research Guide		
2.	(Name) Co-Guide (if any)		
3.	(Name) Internal Member		
4.	(Name) Allied Department Member		
5.	(Name) External / Internal Member		
6.	(Name) Chairman (DC)		

Associate Dean (M.S. / Ph.D.)

Dean (Academic)