



ACADEMIC OFFICE

NATIONAL INSTITUTE OF TECHNOLOGY

TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

REQUISITION FOR NOMINATION OF CHAIRPERSON (DC) FOR THE CONDUCTION OF VIVA VOCE EXAMINATION

Name (in Capital letters)	
Roll Number	
Department	
Type of Registration	INSTITUTE SCHOLARSHIP (HTRA) / OTHER FELLOWSHIP (QIP / ICCR / TEQIP / JRF / CSIR / DST / DAE / NBHM / etc.) / PROJECT / NON-STIPENDIARY
Date of Registration	
Title of the Thesis	
Name of the Research Guide	
Name of the Co-Guide (if any)	
Name of the External Co-Guide (if any)	
Name of the Chairperson (DC)	
Date of Final Viva Voce Examination	
Reason for alternate Chairperson (DC)	Absence from headquarters during the Ph.D. viva voce examination
	Unavailable (both online / offline mode) due to an emergency
Alternate Chairperson (Professor / from Institute) (Name and Department)	

Names & Signature of Guide and Chairperson (DC)

Research Guide(s)	Signature with date:	
	Name:	
Chairperson, DC	Signature with date:	
	Name:	

Associate Dean (MS / Ph.D.)

Dean (Academic)

[Approval]

Dean (Academic) / Director