



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

**CHOICE OF GUIDE (M. Tech. / M. Arch. / M. Sc. / MCA)**

Name (in Capital letters)	:	
Roll No.	:	
Department	:	
Specialization	:	

**CHOICE OF GUIDE**

Sl. No.	Name of the Faculty
1.	
2.	
3.	
4.	

(Coordinator, kindly include the name of the faculty for Student's preference)

- 1.
- 2.
- 3.
- 4.

**External Supervisor (Industry / Research Institutions within  
India or Abroad) + Co guide**

**Guide Allotted**

- 1.

**Signature of the Student**

**Coordinator**