

Declaration by the Candidate

- I do hereby declare that the information furnished above is true to the best of my knowledge and belief. If admitted, I shall abide by the rules and regulations of the Institute. If any information furnished in this application is found to be untrue, I am liable to forfeit the seat allotted to me any time in future & legal action be taken against me.
- I agree to stay in Hall of Residence and room allotted to me by the authorities, and shall abide by the rules of Hall of Residences. I shall also abide by the rules regarding ragging/harassment of juniors as well as the punishments thereof. I undertake that if found guilty of the above I will be liable for punishment as deemed fit by the authorities. I also understand that I shall cooperate with the authorities in curbing ragging (including reporting incidents of ragging to authorities), failing which disciplinary action as per rules will be taken against me.
- I clearly understand that under the continuous learning cum evaluation system of the Institute, attendance in classes is compulsory and that I shall be deregistered from courses on ground of unsatisfactory attendance record.
- I agree to meet the expenses in time as fixed by the Institute, which may be enhanced from time to time during the period of study.

Date:
Durgapur

Full signature of the Applicant

Verified the documents and forwarded for admission

Member, Admission Committee

Permitted / Not Permitted

Dean (Academic)

National Institute of Technology Durgapur
Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

Formation of Doctoral Scrutiny Committee (DSC)

Department of _____

The DSC is hereby constituted for the doctoral study of the following scholar:

Name of the Scholar:

Roll No.:

Members:

SI No	Norm	Name	Dept./ Organization	Designation
1	Chairperson (DRPC)	Chairperson (DRPC) – ex-officio		Chairperson
2	Two faculty members of the department having Ph.D. degree [if not available, faculty member(s) from other department(s) with Ph.D. degree]	a.		Member
		b.		Member
4	One faculty member of any other department of the Institute having Ph.D. degree (Nominated by the Senate)			Member
5	Concerned supervisor(s) for the research scholar	a.		Member
		b.		Member
		c.		Member

Signature of the DSC Members

Certified that each of the supervisors is supervising less than 8 Ph.D. Scholars presently.

Signature of Chairperson, DSC

[Please attach the CV, consent letter and NOC of the employer from the supervisor, if s/he is not a faculty member of NIT Durgapur. NOC is not required if the supervisor belongs to an institution/organization having MoU with NIT Durgapur]

To

Associate Dean (A&E)

National Institute of Technology Durgapur
Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

COURSES TO BE TAKEN BY THE SCHOLAR DURING DOCTORAL STUDIES

(To be submitted within 7 days from the day of admission)

1. Department/Centre: _____
2. Name of the Scholar: _____
3. Roll No.: _____
4. Date of Enrollment: _____
5. Course Works Assigned by the DSC:

Sl. No.	Course Code	Course Name

6. Name and Signature of the DSC Members:
 - (i) _____
 - (ii) _____
 - (iii) _____
 - (iv) _____ (Supervisor)
 - (v) _____ (Supervisor)
 - (vi) _____ (Supervisor)
7. Signature of Chairperson of DSC: _____

To
Associate Dean (A & E)

National Institute of Technology Durgapur
Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

INSTITUTE SEMESTER REGISTRATION FORM

_____ Semester _____ Programme, 20__ - 20__

1. Name of the Scholar: _____
2. Roll No.: _____
3. Department/ Branch: _____
4. Whether paid Institute Fees: Amount: Rs. _____ Date: _____
Mode of payment details: _____
(Attach self-attested copy of payment receipt)
5. Courses intend to register for this Semester (including sessional courses):

Sl. No.	Course Code	Name of the subject(s)
1.		
2.		
3.		

6. Progress made by the scholar (attach progress report):

Date:

Signature of the Student

Forwarded by

Signature of Supervisor

Signature of the Chairperson, DSC

To
Associate Dean (A & E)

National Institute of Technology Durgapur
Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

Registration Form for Ph.D. Programme

1. Name of the Candidate:
(Block Capital Letters)
2. Roll No.:
3. Department/Centre:
4. Date of enrollment in Ph.D. programme:
5. Category of Research Scholar:
6. Course Works Assigned by the DSC:

Sl. No.	Course Code	Course Name

7. Course Works Completed:

Sl. No.	Course Code	Course Name	Grade Obtained	Date of Completion

8. Proposed Research Area [Two copies of the brief out line of proposed research work, countersigned by the supervisor(s) are to be submitted along with this application]:

9. Publication, if any:

10. Date of Pre-registration seminar:

Recommendation of DSC for registration for Ph.D. programme

1. The applicant has fulfilled all the requirements for registration to PhD Programme of the Institute: **Yes/No**
2. The Candidate may be considered for registration to the PhD Programme of the Department: **Yes/No/Any other comments**

Signature of DSC Members

Signature of the Chairperson DSC

[Print on the backside of the previous page]

(For Office use only)

This is to certify that the Registration offor PhD degree under the department
of.....has been approved by the Senate in the meeting held on.....

The Candidate can register his/her name with NIT, Durgapur for Ph.D. degree, subject to the payment of Registration fee of Rs. 2000 (Two thousand only). The date when the candidate deposits the Ph.D. registration fee shall be treated as the date of registration. The Registration will remain valid for five years from the date of registration, subject to the fulfillment of all terms & conditions of the PhD regulations approved by the Senate.

Details of Registration fee deposits:

Registration no.:

Date:

Dean (Academic)

Durgapur

National Institute of Technology Durgapur
Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

REPORT ON SEMINAR FOR ENHANCEMENT OF FELLOWSHIP FOR Ph.D. DEGREE

1. Department/Centre: _____
2. Name of the candidate: _____
3. Roll No. _____
4. Registration No.: _____
5. Title of the Thesis: _____

6. Date of Seminar: _____
7. Details of Publications in Journals/Conferences, if any (Published/Accepted/Communicated):
8. Recommendation:
Progress of the candidate is satisfactory / unsatisfactory (*please tick*) and the DSC recommends / does not recommend (*please tick*) an enhancement in fellowship.
9. DSC Members:
 - (i) _____
 - (ii) _____
 - (iii) _____
 - (iv) _____ (Supervisor)
 - (v) _____ (Supervisor)
 - (vi) _____ (Supervisor)
10. Signature of Chairperson of DSC:

Dean (Academic)

National Institute of Technology Durgapur
Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

REPORT ON PRE-SYNOPSIS SEMINAR FOR SUBMISSION OF Ph.D. THESIS

1. Department/Centre: _____
2. Name of the candidate: _____
3. Roll No. _____
4. Registration No.: _____
5. Date of Registration: _____
6. Date of Pre-synopsis Seminar: _____
7. Title of the Thesis: _____

8. Codes of the courses taken (*enclose copies of grade cards*):

9. Number of Papers published / accepted for publication in journals (Attach list of publications and the first pages of the papers):

10. Number of Papers presented in Conferences/ Seminars (Attach certificate of presentations and the first pages of the papers):

11. Recommendation:

12. Name and Signature of the DSC Members:
 - (i) _____
 - (ii) _____
 - (iii) _____
 - (iv) _____ (Supervisor)
 - (v) _____ (Supervisor)
 - (vi) _____ (Supervisor)
13. Signature of Chairperson of DSC with seal:

Dean (Academic)

National Institute of Technology Durgapur
Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

List of Examiners for Ph.D.

1. Name of the candidate:
2. Department/Centre:
3. Roll No.:
4. Registration No.:
5. Date of Registration:
6. Title of the Ph.D. thesis:
7. No. of papers published/accepted for publication in SCI/ SSCI/ AHCI / Scopus/ Web of Science journals:
8. No. of papers presented in conferences/seminars:
9. Result of Plagiarized check for PhD thesis (maximum permissible match of 20% excluding publications of the research scholar and corresponding supervisor(s)): _____ %
10. Courses completed as per requirement of the Ph.D. regulations: Yes / No
11. All necessary documents submitted to Academic Section (PG&R cell): Yes / No
12. Details of Thesis Examination Fee payment: Amount: Rs. _____ Date: _____

Mode of payment details: _____

(Attach self-attested copy of payment receipt)

Name(s) & Signatures of the supervisors:

- 1.
- 2.
- 3.

(None of the supervisors are presently supervising more than 8 Ph.D. research scholars)

[Signature of the supervisors]

Director may kindly nominate examiners from India and abroad in order of preference from the attached list of examiners.

Dean (Academic)

Director

List of Examiners from India (Five)

Sl No	Contact Details	No. of times the examiner examined thesis supervised by the present supervisors earlier
1	<i>[Name] [Designation] [Affiliation] [Full Postal Address] [Mobile/phone no.] Email Id</i>	
2	<i>[Name] [Designation] [Affiliation] [Full Postal Address] [Mobile/phone no.] Email Id</i>	
3	<i>[Name] [Designation] [Affiliation] [Full Postal Address] [Mobile/phone no.] Email Id</i>	
4	<i>[Name] [Designation] [Affiliation] [Full Postal Address] [Mobile/phone no.] Email Id</i>	
5.	<i>[Name] [Designation] [Affiliation] [Full Postal Address] [Mobile/phone no.] Email Id</i>	

[Signature of the supervisors]

List of Examiners from abroad (Five)

SI No	Contact Details	No. of times the examiner examined thesis supervised by the present supervisors earlier
1	<i>[Name] [Designation] [Affiliation] [Full Postal Address] [Mobile/phone no.] Email Id</i>	
2	<i>[Name] [Designation] [Affiliation] [Full Postal Address] [Mobile/phone no.] Email Id</i>	
3	<i>[Name] [Designation] [Affiliation] [Full Postal Address] [Mobile/phone no.] Email Id</i>	
4	<i>[Name] [Designation] [Affiliation] [Full Postal Address] [Mobile/phone no.] Email Id</i>	
5.	<i>[Name] [Designation] [Affiliation] [Full Postal Address] [Mobile/phone no.] Email Id</i>	

[Signature of the supervisors]

[In official letterhead]

NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR
Ph. D. Thesis Evaluation Report

Name of the Examiner:

Designation & address:

.....

.....

E-mail ID:.....

Telephone/Fax:.....

Name of the candidate:

Title of the Thesis:

DETAILED REPORT OF THE THESIS (at least 500 words)

(Please assess the strength and weakness of the Ph.D. thesis in detail and indicate corrections/ clarification/ scope for improvement, if any, in a separate attachment)

Decision on the award of Ph.D. degree:

Recommended / Not recommended / To be revised and sent back to the examiner / To be revised but need not be sent back to the examiner

Signature of the Examiner with official Seal (if available)

Place:

Date:

National Institute of Technology Durgapur
Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

Report on Viva-Voce for Ph.D. Degree

1. Department/Centre: _____
2. Name of the Scholar: _____
3. Registration No.: _____
4. Title of the Thesis: _____

5. Date of Viva-voce: _____
6. Number of Papers published/accepted for publication in SCI/SSCI/AHCI / Scopus/ Web of Science journals (attach details): _____
7. Number of Papers presented in conferences/seminars (attach details):

8. Whether the modification/ Correction (if any) as suggested by External Examiners have been incorporated and modified version of the thesis submitted _____.
9. Recommendation:
 - (A) Performance (Please attach additional sheet, if required): _____

 - (B) Degree, if recommended to be awarded: (Yes/No): _____
: Ph. D, Department of _____
10. Name and Signature of members of the Board of Viva-voce Examiners:
 - (A) DSC Members:
 - (i) _____
 - (ii) _____
 - (iii) _____
 - (iv) _____ (Supervisor)
 - (v) _____ (Supervisor)
 - (vi) _____ (Supervisor)
 - (B) External Examiner: _____
10. Signature of Chairperson of DSC with seal:

Dean (Academic)

