



केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार
CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

(Deemed To be University, MHRD, Govt. of India)
 BODOLAND TERRITORIAL AREA DISTRICTS :: KOKRAJHAR :: ASSAM :: 783370

Website: www.cit.ac.in

ACADEMIC SECTION'S COPY

PROGRAM:
Semester:

COURSE REGISTRATION FORM

Session: July-December 2019

(in capital letters only)

Name:

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Roll Number

Hosteller / Married Scholar Hostel / Non-Hosteller
Mobile Phone Number:

CIT Email:	
Other Email:	

Present home address for communication	
Phone:	
Email:	

Address of the local guardian	
Phone:	
Email:	

Sl. No.	Course Code	Course Name	L- T - P	Credit	Remarks
Total Credits :					

Signature of the Student
Date:

Signature of HoD with date
Department:

Signature of Asst. Registrar Academic

Signature of PhD Coordinator.



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DEPARTMENT COPY

COURSE REGISTRATION

PROGRAM:
Semester:

Session: July-December 2019

(in capital letters only)

Name:

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PhD Form-1

FORMATION OF DOCTORAL COMMITTEE

1. Name of the Student :

2. Roll Number :

3. Academic Department :

4. Joined PhD Programme during (Put a Tick Mark) :

	ODD Semester	EVEN Semester

5. Present Type/Category of the Student: Put a Tick mark in the appropriate Boxes

	Full Time	Part Time

Regular	Sponsored	Self-Financed	Project-Staff	External	Other
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6. Doctoral Committee (DC) Members:

Role in DC	Name	Designation & Department/ Center	Signature
Chairperson			
Member-1			
*Member-2			
Supervisor			
Co-Supervisor, if any			

*Preferably from other department.

Signature of Member Secretary, DPPC

Signature of Chairperson, DPPC

Remark, if any:

Put up for approval.

Approved

Date:

Dealing Staff of Academic Affairs Section

Chairperson, IPPC

Note: After the signature of the Chairperson, IPPC, the original is to be kept in the personal file of the student in the Academic Affairs Section. A photocopy / scanned electronic copy is to be sent to the Supervisor(s) and to the Chairperson, DPPC



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PhD Form-2

Appointment of Supervisor(s)

1. Name of the Student : _____

2. Roll Number : _____

3. Academic Department/ Center : _____

4. Joined PhD Programme during (Put a Tick Mark) :

	ODD Semester	EVEN Semester
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5. Present Type/Category of the Student: Put a Tick mark in the appropriate Boxes

	Full Time	Part Time			
Regular	Sponsored	Self-Financed	Project-Staff	External	QIP/other

6. **RoI**

6. The DPPC appoints the following Supervisor(s)

Role in DC	Name	Department	Signature
Supervisor			
Co-Supervisor*, if any			

*If the co-supervisor is not a faculty member of the institute, then please attached CV and mention his/her designation along with the Name of the Department/ institute/University.

Consent/Signature from Student

*Recommended/Approved

Consent/Signature from Supervisor(s)

Signature of Member Secretary, DPPC

Chairperson, DPPC

To
Chairperson, IPPC
Academic Affairs Section, CIT Kokrajhar

*Approved

Chairperson, IPPC

Chairman, Senate

Note: After the signature of the Chairperson, DPPC, the original form is to be sent to Academic Affairs section and it is to be kept in the personal file of the student in the Academic Affairs Section. A photocopy/ scanned electronic copy is to be sent to the Supervisor(s) by the DPPC and one copy is to be maintained in the academic department.