

# NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR SILCHAR 788 010, ASSAM

# **Application Form for Admission into Ph.D. Programme**

1.	Name:		Affix recent			
2.	Male/Female:		distinct colored photograph			
3.	Father's/Spouse's name:					
4.	Mother's name:					
5.	Addresses:					
	(a) For communication	(b) Permanent	(b) Permanent			
	Dist: State:	Dist:	State:			
	(c) Email id:	(d) Phone no:				
6.	(a) DD No: (b) Da	te (c)	Amount: Rs			
7.	(a) Date of Birth:	(b) Marital Stati	us:			
	(c) Age on 18.01.2019: (d) Nationality:					
	(e) Caste Category (OP/SC/ST/OBC/PH):					
	(if other than open category (OP), a category certificate must be enclosed)					
	(f) Specify if you belong to any other Backward Class:					
	(g) Mother Tongue:	(h) Religion:				
8.	(a) Department to which admission is sought:					
	(b) Program in which admission is sought:					
	(c) Specialization to which admission is sought:					
	(d) Are you also applying to any other Department? (Yes/No):					
	If yes, list the other Department(s):					
	(i)					
	(ii)					
	(iii)					
	(iv)	••••				

If Gr	oup-B:								
Re	gular		Spon	sored			Part-tim	ne	
Pro	ject Staf	f	Spon	sored (Ext	ternal Registrat	ion)	Institute	e Emplo	oyee
				`	from 10 <sup>th</sup> Stand ets/grade cards i		,		
University/ Boar	_	Ü	obtained liscipline)	Year	% Marks/ CGPA/CPI		Obtained olicable)	Subj	ects taken
0. (a) Profe	ssional (	Qualifyi	ng Examin	nation Pass	sed (attested co	py of cei	tificate m	nust be	attached):
		GATE				UGC/0	CSIR NET	Γ (JRF)	
Subject Valid Score Valid					Subject Quali		e 1	Valid upto	
Subject	Valid	Score	Valid upto	)	Subject	Quan	rying Dat		vana apto
(b) Any	other so	urce for	fellowship	o/scholarsl				be attac	hed).
(b) Any	other so	urce for Experie	fellowship	o/scholarsl	hip, if any: arch/Industrial)	, if any (		be attac	hed).
(b) Any	other so	urce for Experie	fellowship	o/scholarsl	hip, if any: arch/Industrial)	, if any (	proof to l	be attac	hed).
(b) Any 1. (a) Proposition	other so	urce for Experie	fellowship	o/scholarsl	hip, if any: arch/Industrial)	, if any (	proof to l	be attac	hed).
(b) Any 1. (a) Pro  Name  (i)	other so	urce for Experie	fellowship	o/scholarsl	hip, if any: arch/Industrial)	, if any (	proof to l	be attac	hed).
(b) Any 1. (a) Prof  Name  (i)  (ii)  (iii)  (b) Att 12. (a)  (b) Whe	other so Cessional of organi ach a list If emp	t of publiployed,	r fellowship ence (Teacl Po	po/scholarsi hing/Rese	hip, if any:  arch/Industrial)  Type of  separately, if a employer:	, if any (	proof to l	be attac	hed).
(b) Any 1. (a) Prof  Name  (i)  (ii)  (iii)  (b) Att 12. (a)  (b) Whe	other so Cessional of organi ach a list If emp	t of publiployed,	r fellowship ence (Teacl Po	po/scholarsi hing/Rese	hip, if any:  arch/Industrial)  Type of  separately, if a employer:	, if any (	proof to l	be attac	hed).
(b) Any 1. (a) Proposition  Name  (i)  (ii)  (iii)  (b) Att  12. (a)  (b) Whee  (c) If ye	other so Cessional of organi ach a list If emp	t of publiployed,	r fellowship ence (Teacl Po	po/scholarsi hing/Rese	hip, if any:  arch/Industrial)  Type of  separately, if a employer:	, if any (	proof to l	be attac	hed).

(e) Category of Admission Sought (Tick the appropriate one): Group-A / Group-B

#### **Declaration**

I hereby declare that the entries made in this application form are correct to the best of my knowledge and belief. If selected for admission, I promise to abide by the rules and regulations of the Institute as amended from time to time.

I note that the decision of the Institute is final in regard to selection for admission and assignment to a particular department and field of study. The Institute shall have the right to take any action it deems fit, including expulsion, against me at any time after my admission, if it is found that information furnished by me are false or incorrect. I shall abide by the decision of the Institute, which shall be final.

which shall be thial.	
Place: Date:	Signature of the applicant
For office	use only
To be filled-in by Departmen	tal Ph.D. Admission Committee
% of B.Sc./B.Tech. marks/Grade	Performance of Selection Test
% of M.Tech./M.Phil/M.Sc marks/ Grade	Position in order of merit
GATE/NET score	Category(OP/SC/ST/PH)
Signature of member Signature of member	ed for admission: er Signature of member
	irman, Admission Committee
a. To be filled by Institute Ph.D. Admission C	Committee:
(i) Verified and found suitable and rec	commended to Chairman, Senate for admission
(ii) Not recommended for admission, w	vith reason(s):
(Signature of members):	
b. Admitted on approval of Chairman, Senate	2.

Dean (R & C)

Date:

### FORM I

## SPONSORSHIP LETTER FOR FULL-TIME PH.D. PROGRAM

(Should be typed on the letter head of the sponsoring organization)

Reference No.

Date:

To

The Director National Institute of Technology Silchar Assam 788010

# Sub: Sponsoring an Employee for Ph.D. Program

Dear Sir,	,	
We herel	by sponsor the candidature of Mr./Ms./Mrs.	, Designation
	who is a regular employee in our organization, for joining I	Ph.D. Program in the departmen
of	at your Institute as a full-time student.	
It	is certified that he/she has completed two years of service in our organization	on as a regular employee. He/she
has gaine	ed experience in the field(s)	
If	selected, we shall relieve him/her from his/her duties to join the program of	during the first three years of the
Ph.D. Pro	rogram.	

Signature and Seal of the Sponsoring Authority

### FORM II

# No Objection Certificate for Part-Time Students

(Should be typed on the letter head of the sponsoring organization)

Reference No. Date:

Signature and Seal of the Sponsoring Authority

To

The Director National Institute of Technology Silchar Assam 788010

## **Sub: No objection Certificate**

Dear Sir,	
We have no objection if Mr./Mrs/Ms an employee/project staff in our organization, is adm at your Institute as a	9 1
It is certified that he/she has completed one year of service i him/her leave of absence to attend classes/research work at NIT Silc	



## NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR

# FORM II-A

# No Objection Certificate for Admission into Ph.D. Program (Project Staff)

	Reference No.
	Date:
To The Director National Institute of Technology Silc Assam 788010	har
Sub: No objection Certificate	
Dear Sir,	
a project staff, under the project the department of	
project shall continue for two more years.	
If selected, we shall allow him/her to	attend classes/research work under the said project at NIT Silchar
during the Ph.D. program without affecting no	ormal project work assigned to him/her.
Signature of Project Investigator (Name)	Signature of Dean (R & C)



# NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR

## FORM II-B

# No Objection Certificate for Admission into Ph.D. Program (Institute Employee)

	Reference No. Date:
, is admitted into	) employee of this Institute, working in the department of.
	classes/research work without affecting normal duties assigned
Signature of Head (Department: )	Signature of Director

#### **FORM III**

### **Sponsorship Certificate for External Registration**

(This should be typed on the letter head of the sponsoring organization)

Reference No.

D	ate	•
D	ate	•

To

The Director National Institute of Technology Silchar Assam 788010

	Assam 788010
Sub	e: Sponsoring an Employee for Ph.D. Program under external registration
1.	Name of the sponsoring organization:
2.	Address:
3.	Name of the Candidate:
4.	Designation of the applicant:
5.	Present status of the applicant:
	(regular/year of completed service)
6.	Department/Division/Center where research work is proposed to be done:
7.	Name of the Local (Joint Supervisor):
	(Bio-data of the Local supervisor (Joint Supervisor) to be enclosed giving details of designation, qualification
	research experience etc.)
8.	Details of relevant facilities which will be made available to the candidate:
9.	Statement of Local supervisor (Joint Supervisor):
Dea	ur Sir,
If N	Mr./Mrs./Ms is admitted to the Ph.D. program at
Nat	ional Institute of Technology Silchar, I agree to supervise his/her research program jointly with the Supervisor
fron	n NIT Silchar.
	Signature of Local supervisor (Joint Supervisor)
	If Mr./Mrs./Ms is admitted to the Ph.D
nro	gram, we agree to relieve him/her to reside at NIT Silchar/around NIT Silchar during one/two semester (s) of
	her Ph.D. program to complete his/her course work requirement.
1115/	ner 1 n.D. program to complete morner course work requirement.
	Mr /Mrs /Ms

permitted to carry out research at our organization under the guidance of Dr. \_\_\_\_\_\_leading to

Ph.D. degree from NIT Silchar. Necessary facilities will be provided for this purpose.