

National Institute of Technology Meghalaya
(Allotment of supervisor(s)/Change of supervisor(s))
(To be filled in by the scholar)

FORM - IIA

1. Name: _____

2. Department/ Centre: _____

3. Category (Please tick): Full time/ Part time/ Sponsored/ Project fellow

4. a) Name of Supervisor: _____ Department: _____

b) Name of Co-Supervisor: _____ Department /Affiliation: _____

5. Date of Admission/Enrolment: _____

[Points 6-10 to be filled in by the scholar for change of supervisor only]

6. Ph.D. registration completed: Yes/No. If yes, Reg. No. _____ Date: _____

7. Title proposed at the time of submission of Plan of Research:

8. Stage of Research (Tick the relevant one): Literature survey/ Registration done/ Field work/
data collection/ Analysis/ Writing the thesis

9. Name of the new supervisor proposed: _____

10. Reason for the change sought (Tick relevant one): Supervisor's Leaving the Institute/ Long
sickness/ Long leave (for more than 1 year)/ Superannuation/ Technical/
Demise/ Others (specify)

Date :

Signature of the Scholar

For office use only

a. Comments of the proposed supervisor/ co-supervisor

I agree to supervise the work.

Signature of the Supervisor/Co-Supervisor

b. Comment of the existing supervisor/ co-supervisor (except in case of demise)

I do not have any objection to the change.

Signature of the existing Supervisor/Co-Supervisor

Remarks by DRC :

Recommended/Not Recommended _____ (Remarks)

Signature of the DRC members:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Remarks by Dean (Academic Affairs) :

Approved/Not Approved _____

Dean (Academic Affairs)