



National Institute of Technology Silchar

Student Copy

COURSE REGISTRATION FORM (Ph.D PROGRAMME)

From 2nd Semester onwards

Name (in block letters) :

K	I	R	T	I	S	W	A	G	A	T	M	O	H	A	N	T	Y		

Registration No.

Date of Admission

Department

Register to

2	1	3	0	4	0	6	8		
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23/08/2021

ECE

Semester: 4th

Gender :

MALE

Category :

GENERAL

Religion :

HINDU

Present CPI :

9.7

Present Status :

Group-A / Group-B

Session :

Jan - Jun	2023
Jul - Dec	20.....

Sl. No.	Subject code	Subject Names	Credit Point	Core / Elective
1.				
2.		Course work Completed		
3.				
4.				
5.				

Total credit

0

Full signature of the student

Kirti Swagat Mohanty

Date

04/01/2023

Course Regn. Permitted for

DC Formation date

Sig. of Supervisor with date

Sig. of Chairperson, DC/HOD* with date

Credits

13/01/2022

P. Pattanayak 04/01/2023

M. K. S. S. S. 04/01/23

Date of Comprehensive Examination (if appeared) : 26/07/2022 (Enclose a copy of FORM VI)

Date of Registration Seminar (if appeared) : (Enclose a copy of FORM VII)

Date of last Progress Seminar (if appeared) : (Enclose a copy of Annexure II)

Date of Synopsys Seminar (if appeared) : (Enclose a copy of FORM VIII-A)

Registration fee Paid

₹ 11,870

Receipt No. DUK3770530

Date 04/01/2023

Fine

₹

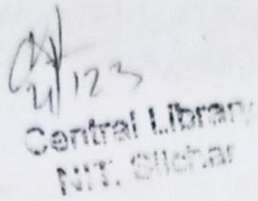
Any other fee

₹

Total paid

₹

CLEARANCE

From Hostel	From Library	From Accounts	Other, if any
	<div style="text-align: center;">  </div>		

PRESENT ADDRESS

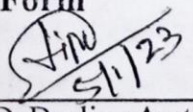
Details of HOME : Father's Name <u>RAMAKANTA MOHANTY</u> Mother's Name <u>BHARATI MOHANTY</u> <div style="text-align: center;">Or</div> Husband's/Guardian's Name _____ Full Address of above person <u>PLOT NO-48,</u> <u>MADHUSUDAN NAGAR,</u> <u>BHUBANESWAR</u> <u>PIN-751001</u> District <u>KHURDA</u> State <u>ODISHA</u> Mobile Phone No. _____ Landline Phone No. with STD / ISD Code _____	<u>Details of Student :</u> Hostel / Quarters No. _____ Room No. _____ Identity Card No. _____ Mobile Phone No. _____ E-mail ID _____ If you are not residing in the campus, provide full address of the place where you are residing now. <u>PLOT NO-48, MADHUSUDAN NAGAR</u> <u>BHUBANESWAR, KHURDA,</u> <u>ODISHA, PIN-751001</u>
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All particulars stated in this Registration Form are true. If any information given by me is found false at any stage, I shall be liable to any action that the NIT Authority may deem fit and proper.

Date: 04/01/2023

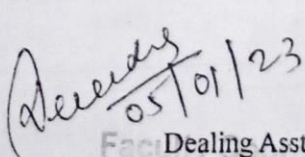
Karti Swagat Mohanty
 Full signature of the student

Received the Form



Signature of Ph.D. Dealing Asstt.

FOR OFFICE USE ONLY

<input type="checkbox"/> eceived, verified and found in order. <input type="checkbox"/> egistered and listed in the appropriate <input type="checkbox"/> oll-Sheet.	Remarks, if any, by Supdt. / Dean <div style="text-align: center;">  </div>
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