



# 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	4	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	/08/21
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ECE

Semester... 3rd

Gender :

MALE

Category :

GENERAL

Religion :

HINDU

Present CPI :

9.1

Present Status :

Group-A / Group-B

Session :

Jan - Jun

Jul - Dec

2022-23.....

SL No.	Subject code	Subject Names	Credit Point	Core / Elecvtive
1.				
2.		Course Work Completed		
3.				
4.				
5.				

Total credit

0
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Full signature of the student

Kinti Swagat Mohanty

Date

25/07/22

Course Regn. Permitted  
for

Credits
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DC Formation date

13/01/2022

Sig. of Supervisor  
with date

P. Pattnayak  
25/07/2022

Sig. of Chairperson, DC/HOD\*  
with date

Attaqasari 25/7/2022

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 Synopsis Seminar (if appeared) : \_\_\_\_\_ (Enclose a copy of FORM VIII-A)

Registration fee Paid

₹ 11,870/-

Receipt No. DUJ4268706

Date 21/07/2022

Fine ₹

Any other fee ₹

Total paid ₹ 11,870/-

# CLEARANCE

From Hostel	From Library	From Accounts	Other, if any

## PRESENT ADDRESS

**Details of HOME :**

Father's Name RAMAKANTHA MOHANTY

Mother's Name BHARANI MOHANTY

Or

Husband's/Guardian's Name \_\_\_\_\_

Full Address of above person PLUT NO: -48

MADHUSUDAN NAGAR

BIHUBANGIWAR

District KHURDA State ODISHA

Mobile Phone No. 9040143149

Landline Phone No. with STD / ISD Code

**Details of Student :**

Hostel / Quarters No. N/A Room No. N/A

Identity Card No. \_\_\_\_\_

Mobile Phone No. 9090459633

E-mail ID kinti21-ns@ece.nitk.ac.in

If you are not residing in the campus, provide full address  
of the place where you are residing now.  
\_\_\_\_\_  
\_\_\_\_\_

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.

Kinti Swagat Mohanty

Full signature of the student

Date : 25/07/2022

Received the Form

Signature of Ph.D. Dealing Asstt.

## FOR OFFICE USE ONLY

Received, verified and found in order.  
Registered and listed in the appropriate  
Roll-Sheet.

Remarks, if any, by Supdt. / Dean

Dealing Asstt.