

INDIAN INSTITUTE OF TECHNOLOGY ROORKEE

	1.	Name of the Ph.D. candidate :			
	2.	Enrollment No.:			
3.		Session: 4. Semester (Autumn/Spring):			
	5.	Department/Centr	e: (i) (Where Enrolled)	(ii)(Where Working)	
	6.	Category	: FTRS (IARS/EFRS/ISERS)	/ PTRS (P-ISIRS/P-ISERS)	
	7.	Title of Seminar :			
		-			
	8. Course Credit : 9. Grade Obta		9. Grade Obtain	ed:	
	10. Date on which seminar was delivered :				
	11.	Proficiency in Eng	lish	: Satisfactory /Unsatisfactory	
	12.	A course on Comr	nunication Skills is required	: YES /NO	
	Mer	mber SRC	Member SRC	Supervisor-1	
	Sup	pervisor-2	Supervisor-3		
	Date:		_	Signature of Chairperson, SRC	
	Forwarded to Academic Affairs Office				
	Signature of Head of the Department/Cent				
	FOR USE OF ACADEMIC AFFAIRS OFFICE				
Che	Checked and found okay as per Regulation / Revision is requested under				

Asstt. Registrar (Evaluation)

Joint Registrar - Academics