



INDIAN INSTITUTE OF TECHNOLOGY ROORKEE

1. Name of the Ph.D. candidate : _____
2. Enrollment No.: _____
3. Session: _____ 4. Semester (Autumn/Spring): _____
5. Department/Centre: (i) _____ (ii) _____
(Where Enrolled) (Where Working)
6. Category : FTRS (IARS/EFRS/ISERS) / PTRS (P-ISIRS/P-ISERS)
7. Title of Seminar : _____

8. Course Credit : _____ 9. Grade Obtained: _____
10. Date on which seminar was delivered : _____
11. Proficiency in English : **Satisfactory /Unsatisfactory**
12. A course on Communication Skills is required : **YES /NO**

Member SRC

Member SRC

Supervisor-1

Supervisor-2

Supervisor-3

Date: _____

Signature of Chairperson, SRC

Forwarded to Academic Affairs Office

Signature of Head of the Department/Centre

FOR USE OF ACADEMIC AFFAIRS OFFICE

Checked and found okay as per Regulation / Revision is requested under

Asstt. Registrar (Evaluation)

Joint Registrar – Academics