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**Special SRC Recommendations**

**INDIAN INSTITUTE OF TECHNOLOGY ROORKEE**

1. Name of the Ph.D. student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Enrollment : \_\_\_\_\_\_\_\_\_\_\_\_

2. Department/Centre: (i) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ii) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Where Enrolled) (Where Working)

3. Category : FTRS (IARS/EFRS/ISERS) / PTRS (P-ISIRS/P-ISERS)

4. Title of Research (In English): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Name of Supervisor(s): (i) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ii) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(iii) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Date of Initial Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Candidacy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Is the meeting held for Mid Term Review? **YES /NO**

Period of Performance for Review: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason of Mid Term Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Attach detailed report]**

8. Is it a Special Student Research Committee Meeting? **YES /NO**

(A) Is there a change in topic? **YES /NO**

Revised Topic if YES

(In English) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(B) Is there a change of Supervisor(s)? **YES /NO**

Addition of Supervisor(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Retirement: \_\_\_\_\_\_\_\_

Deletion of Supervisor(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*(Enclose Bio-data and consent of proposed supervisor and NOC from Organization in case of other than IITR)***

**Following information is required if proposed additional supervisor is from IITR**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  **&**  **Designation** | **Deptt./Center/**  **Organization** | **No. of Students Supervising Excluding this Student and**  **Including candidate of other institution(s).** | | | | | | **Signature**  **of Supervisor** |
| **Single** | | | **Jointly** | | |
| With IITR Assistantship | Without IITR  Assistantship | Other  Institution(s) | With IITR  Assistantship | Without IITR  Assistantship | Other Institution(s) |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Enclose detailed justification in case of joint supervision or deletion of supervisor

(C) Is there change of SRC member(s)? **YES /NO**

New SRC Member(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chairperson/member) Department\_\_\_\_\_\_\_\_\_\_

Old SRC Member(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chairperson/member) Department\_\_\_\_\_\_\_\_\_\_

(D) Whether a case of probation due to course work requirement **YES /NO**

If YES, New Courses recommended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(E) Whether a case of up-gradation from JRF to SRF **YES /NO**

Date of conversion to SRF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period considered for conversion from date of admission upto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Note:** Kindly send recommendation from JRF to SRF up-gradation within 01 months from effective date of SRF)

(F) (i) Semester Withdrawal on medical ground / Re-registration **YES /NO**

(ii) Temporary Withdrawal from Ph.D. programme (as per Rule R.8.3) **YES /NO**

Withdrawal period From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(G) Whether a case for extension of time after 05/06 years: **YES /NO**

Full-Time Research Scholars: (i) Upto 5.5 years (ii) Upto 06 years

Part-Time Research Scholars: (i) Upto 6.5 years (ii) Upto 07 years

Provide following details while making the above request:

Due date of submission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous extension, if any \_\_\_\_\_\_\_\_\_\_\_\_

Date of Proposed extension \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(H) Continuation of assistantship: (i) For 5th year (ii) Upto viva-voce examination

(I) Any Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member, SRC Member, SRC Supervisor-1**

**Supervisor-2 Supervisor-3 Chairperson, SRC**

**Chairperson, DRC/CRC HEAD OF THE DEPARTMENT/CENTRE**

**DATED:**

**FOR USE OF ACADEMIC AFFAIRS OFFICE**

The recommendations of the Department/Centre are submitted for consideration / \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dealing Asstt./Junior Supdt./Supdt. Asstt. Registrar (Evaluation) Joint Registrar - Acad**

**APPROVED/NOT APPROVED**

**DEAN OF ACADEMIC AFFAIRS**