



INDIAN INSTITUTE OF TECHNOLOGY ROORKEE

- Name of the Ph.D. student: _____ Enrollment : _____
- Department/Centre: (i) _____ (ii) _____
(Where Enrolled) (Where Working)
- Category : FTRS (IARS/EFRS/ISERS) / PTRS (P-ISIRS/P-ISERS)
- Title of Research (In English): _____

- 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: _____
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- (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