

Motilal Nehru National Institute of Technology Allahabad
ACADEMIC REGISTRATION DETAILS

Name of the Student:..... Reg. No.

Department:.....

Date of First Registration:.....

Status: Regular/Part Time

DETAILS OF COURSES/RESEARCH-SEMINAR/mini-project/COMPREHENSIVE EXAM./STATE-OF-
THE-ART SEMINAR/THESIS PERFORMANCE

| Sl. No. | Course Name with Code | Credit | Department | Course Coordinator(s) |
|---------|-----------------------|--------|------------|-----------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

(Signature of Student)

Advised by: Supervisor(s)

Forwarded by: Convener DDPC Head of Department

Approved by: Chairman SDPC

Motilal Nehru National Institute of Technology Allahabad
Student Research Committee (SRC)

Name of the Candidate: Registration No. :.....

Department:.....

Date of First Registration:

Area of Research:.....

Supervisor(s):

| SI. No. | Name of Members | Designation | Department |
|---------|-----------------|-------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Proposed by:

Supervisor(s)

Forwarded by:

Convener-DDPC

Head of Department

Approved by:

Chairman SDPC

Motilal Nehru National Institute of Technology Allahabad
Semester Progress Report of the Candidate

Name of the Candidate: Registration No. :

Department:.....Date of First Registration:.....

Supervisor(s):.....

No. of Courses completed:

Total Credits: (a) Attempted

(b) Earned

Comprehensive Examination Passed: Yes/No/Not Applicable

Date of Comprehensive Examination:.....

Date of State-of-the-Art Seminar:

Date of Presentation: **Semester:**

Progress of the Candidate is satisfactory: Yes/No

Credit: **Grade (S/X):**

Supervisor(s)

Internal Member of SRC

External Member of SRC

Forwarded by:

Convener-DDPC

Head of Department

- The candidate has to submit the progress report of the semester in one-page approved by the Supervisor(s).
- The presentation to assess the progress of the candidate is to be preferably made at the end of semester (April-June/Oct-Dec), but in any case one week before the date of registration.
- If the candidate has given the open seminar then the presentation for assessing the progress is not required.

Motilal Nehru National Institute of Technology Allahabad

Adding/Dropping of Course

Name of the Student:..... Registration No.....

Department: Date of Registration:.....

COURSES TO BE ADDED

| Sl. No. | Course Name with Code | Credit | Department | Reason |
|---------|-----------------------|--------|------------|--------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

COURSES TO BE DROPPED

| Sl. No. | Course Name with Code | Credit | Department | Reason |
|---------|-----------------------|--------|------------|--------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

(Signature of Candidate)

Advised by: Supervisor(s)

Endorsed by: Course Coordinator

Forwarded by: Convener DDPC Head of Department

Approved by: Chairman SDPC

Motilal Nehru National Institute of Technology Allahabad
Change of Registration Status

Name of the Student:..... Reg. No.

Department:..... Date of First Registration.

Supervisor(s):

Present Registration Status:.....

Registration Status to be converted to:.....

Justification/Reason:.....

(Signature of the Student)

Comment of the Supervisor(s):

(Signature of the Supervisor(s))

Recommended by: Convener DDPC*

Head of Department

Approved by: Chairman SDPC

* Minutes of DDPC should be enclosed.

Motilal Nehru National Institute of Technology Allahabad
Leave Application

Head of the Department

Kindly allow me to avail Leave/Leave on Duty from.....to.....for.....days
and station leave from date.....time.....to.....

Date.....Time.....My address during leave will be as below.

Address:

Yours Sincerely

Name:

Registration No.

Dated:

For Official use

Recommended/Not Recommended:

Supervisor(s)

Convener DDPC

Approved by:

Head of the Department

Motilal Nehru National Institute of Technology Allahabad
Non-degree Student (Other Institution)

Name of the Student:..... Reg. No.

Department:..... Date of First Registration:.....

Supervisor(s):.....

Date of Comprehensive Examination:.....

State of the Art held on:.....

Proposed Department & Institution:

(where the student intends to do the work):

Justification:

.....

(If required attach a separate sheet):

(Signature of the Student)

Comment of the Supervisor(s):

(Signature of the Supervisor(s))

Recommended by:

Convener-DDPC

Head of Department

Approved by:

Chairman SDPC

(Clause 9, 12.3)
Motilal Nehru National Institute of Technology Allahabad
List of Suggested Examiners for Ph.D Comprehensive Examination

Name of the Student:.....Reg. No.

Department:.....Date of First Registration:.....

Name of Supervisor(s):.....

| Sl. No. | Name of Examiners | Designation | Department |
|---------|-------------------|-------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Proposed by: **Thesis Supervisor(s)**

Forwarded by:

Convener-DDPC

Head of Department

Date:

Date:

Approved by:

Chairman SDPC

Date:

Motilal Nehru National Institute of Technology Allahabad

Report of Examiners of the Comprehensive Examination

Name of the Student:..... Reg. No.:

Department:..... Date of First Registration:.....

Date of Examination:.....

Thesis Supervisor(s):.....

Comments:.....
.....
.....
.....
.....

Candidate has PASSED (SS)/FAILED (XX)

| Sl. No. | Name of Examiners | Department | Signature |
|---------|-------------------|------------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Convener-DDPC

Head of Department

Chairman SDPC

Date:

Date:

Date:

.....

For Office use only

Convener, DDPC may kindly advise the Supervisor to ensure that **State of the Art Seminar** is held before.....i.e., within six months of the Comprehensive Examination.

Chairman SDPC

Motilal Nehru National Institute of Technology Allahabad
Report of State-of-the-Art Seminar

Name of the Student:..... Roll No.:.....

Department:.....

Date of First Registration:.....

Date of Passing the Comprehensive Examination:.....

Date of delivery of the Seminar:.....

Name of Thesis Supervisor(s):

Topic of the Seminar:

.....

Comments:

.....

| | | |
|----------------------|----------------------------|----------------------------|
| Supervisor(s) | Internal SRC Member | External SRC Member |
|----------------------|----------------------------|----------------------------|

| | | |
|----------------------|----------------------|---------------------------|
| Forwarded by: | Convener-DDPC | Head of Department |
|----------------------|----------------------|---------------------------|

| | | |
|---------------------|----------------------|--|
| Approved by: | Chairman SDPC | |
|---------------------|----------------------|--|

Motilal Nehru National Institute of Technology Allahabad
Report of Open Seminar

Name of Student:..... Reg No.:.....

Department:..... Date of First Registration:.....

Total Credits: (a) Attempted (b) Earned Through Course Work (c) Earned Through Others

Thesis Title:

.....

Date of Delivery of Seminar:

Name(s) of Thesis Supervisor(s):.....

Comments:

.....

.....

Certified that the candidate has earned the minimum credits as per clause 7.1 and has successfully delivered the Open Seminar required for submission of the Thesis.

| Supervisor(s) | Internal SRC Member | External SRC Member |
|----------------------|----------------------------|----------------------------|
|----------------------|----------------------------|----------------------------|

| | | |
|---------------|----------------------|---------------------------|
| Forwarded by: | Convener-DDPC | Head of Department |
|---------------|----------------------|---------------------------|

| | | |
|--------------|----------------------|--|
| Approved by: | Chairman SDPC | |
|--------------|----------------------|--|

Motilal Nehru National Institute of Technology Allahabad
Supervisor Selection
(To be filled by the candidate)

Name of the Student:..... Reg. No.:.....

Department:.....

Date of First Registration:.....

Full Time (Stipendiary/Non-stipendiary/QIP/Sponsored)/Part-Time (Faculty/Project Staff)
(Please tick whichever is applicable).

Area/Field of Research:.....

.....

.....

Details of the Course Work

| Sl. No. | Course Name with code | Credit | Department | Course Coordinator |
|---------|-----------------------|--------|------------|--------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

Name of Supervisor(s)

| Sl. No. | Name of the Faculty | Designation | Department |
|---------|---------------------|-------------|------------|
| 1. | | | |
| 2. | | | |

Date:

(Signature of the Candidate)

Motilal Nehru National Institute of Technology Allahabad
Supervisor Selection

(To be filled by the Supervisor)

Name of the Faculty:..... Designation:

Department:..... Co-Supervisor (if any):.....

Details of the Ph.D Students being supervised at present:

| Sl. No. | Name of the Student | Reg. No. | Date of Registration | Department in which registered | Co-Supervisor (if any) | Status of Research-work |
|---------|---------------------|----------|----------------------|--------------------------------|------------------------|-------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

I wish to supervise the Ph.D Thesis of Mr./Mrs/Ms.....

Date:

(Signature of Faculty)

Approved by:

Convener-DDPC

Head of Department

Chairman SDPC

(in case of more than one Supervisor, the form has to be filled by both the Supervisor)

Motilal Nehru National Institute of Technology Allahabad

Change of Supervisor(s)

Name of the Student:..... Reg. No.:.....

Department:.....

Existing Supervisor(s):

Present Status of the work:.....

Suggested Supervisor(s):

Reason for change:.....

(Signature of the Student)

Comment & No objection of Existing Supervisor(s):

(Signature of the Supervisor(s))

Consent of the suggested Supervisor(s)

(Signature)

Remark of Convener, DDPC

(Signature)

(Head of Department)

Chairman (SDPC)

Motilal Nehru National Institute of Technology Allahabad
List of Suggested Examiners for Ph.D Thesis Evaluation Board

Name of the Student:.....Reg No.:

Department:..... Date of First Registration:.....

Date of Comprehensive Exam.: Date of-State-of-Art Seminar.....

Date of Open Seminar:

Thesis Title (in capitals):

Name of Examiners with Address/Fax/Phone/Email:

| Sl. No. | Name & Address | Phone/Fax | Email |
|---------|----------------|-----------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Name(s) and communication details of Supervisor(s)

| Sl. No. | Name & Address | Phone/Fax | Email |
|---------|----------------|-----------|-------|
| 1. | | | |
| 2. | | | |

Proposed by: **Thesis Supervisor(s)**
Date:

Forwarded by: **Convener-DDPC**
Date:

Head of Department
Date:

Recommended by: **Chairman SDPC**
Date:

Approved by: **Chairman Senate**
Date:

Motilal Nehru National Institute of Technology Allahabad
List of Suggested Examiners for Ph.D Oral Board

Name of the Student:..... Reg No.:

Department:.....

Thesis Title (in capitals):.....

.....

| Sl. No. | Name of Examiners | Department |
|---------|-------------------|------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Proposed by: **Thesis Supervisor(s)**
Date:

Forwarded by: **Convener-DDPC**
Date:

Head of Department
Date:

Recommended by: **Chairman SDPC**
Date:

Approved by: **Chairman Senate**
Date:

Motilal Nehru National Institute of Technology Allahabad
(Thesis Evaluation Report)

1. Name of Student: _____

2. Registration No.: _____

3. Department: _____

4. General Features of Thesis:

(i) Organisation and Get up:

(ii) Whether quality of work is comparable with other universities of repute?

| | |
|-----|----|
| Yes | No |
|-----|----|

(iii) Whether the Thesis has embodied any new ideas with original thoughts?

| | |
|-----|----|
| Yes | No |
|-----|----|

5. Comments (the Examiner may give details on additional sheet(s), if required)

(i) Corrections in punctuation, grammar,
Spelling or language.

| | | |
|------|-------|-----------------|
| None | Minor | Require Changes |
|------|-------|-----------------|

(ii) Technical content of the Thesis

: 2 :

(iii) Strong/Weak points of the Thesis

(iv) Write at least 5 questions from the area of research to be asked in the oral examination.

6. Specific Recommendations

(Please place a tick mark at any one of following category)

Category I: The Thesis is acceptable in the present form for the award of the Ph.D degree.

Category II: The Thesis is acceptable and the correction, modifications and improvement suggested by me would be incorporated in the Thesis to the satisfaction of the oral board.

Category III: The Thesis needs technical improvement/modifications, which must be carried out to my satisfaction before I recommend the Thesis for acceptance.

Category IV: The Thesis is rejected. (Please provide reasons for the same)

(Signature of the Examiner)

Name : _____

Designation : _____

Address : _____

Motilal Nehru National Institute of Technology Allahabad

Report of Ph.D Thesis Oral Board

Name of Student:.....Reg No.:.....

Department:..... Date of First Registration:.....

Thesis Title (in capitals):.....

Date of Oral of Examination:

Thesis Supervisor(s):.....

Report of the Oral Board

Comments:.....

(Use separate sheet if required)

The Candidates has PASSED/FAILED

Oral Examination Committee

| Sl. No. | Name of the Examiners | Department/Institute | Signature |
|---------|-----------------------|----------------------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Supervisor(s)

Convener DDPC

Head of the Department

.....

For office use:

Total Credits: (a) Attempted

(b) Earned Through Course Work

(c) Earned Through Others

Recommended by:

Chairman SDPC

Approved by:

(Chairman Senate)

Motilal Nehru National Institute of Technology Allahabad
FORM FOR REPORTING CASES REGARDING UNFAIR-MEANS

Note:

1. One form should be used for one case only.
2. Please send one question paper alongwith the case(s)

(A) To be filled in by the instructor/invigilators/members of observer committee:

Name of Examination :

Name of student :

Registration No. :

Programme/Branch :

Room No. :

Subject/ paper in which the student is suspected or reported to have used or attempted to use unfair-means or shown disorderly conduct.

| <u>Subject</u> | <u>Subject Code</u> |
|----------------|---------------------|
| | |

Date & time of incident :

:

Type of Unfair Means Material. Copying from the papers / materials which is in the possession of the student.

Copying from the answer book of neighboring student.

Misbehaved with invigilator.

Date.....

Signature and Full Name of the instructor/invigilators/members of observer committee
(IN BLOCK LETTERS)

(B) Student's Statement:

I have read the report of the instructor/invigilators/members of observer committee made against me as given in column No. **A** and submit the following statements.

I undertake that this statement has been given by me under no pressure or fear.

| | | |
|----|---|----------------------------------|
| 1. | Do you agree with the report of the instructor/invigilators/members of observer committee made against you? | Yes/ No <input type="checkbox"/> |
| 2. | If you agree with the report, then: (a) Why did you bring the material referred to in the above report? (b) Did you make any use of it? (c) What explanation have you to offer for your misconduct / Disorderly conduct as mentioned in the report? (d) Have any other thing to say, by way of self-defense or clarification? (If necessary, an extra sheet may be used). | |
| 3. | If you do not agree with the report then give your explanation, if any, in your defense against the report of the instructor/invigilators/members of observer committee. | |

(Signature of Student)

N.B.:

- (i) The student shall be given extra time, before leaving the Examination Hall in order to compensate him/her for the loss of time spent during enquiry and filling this form.

(C) Statement of Witness if any:

Statement of the witness, if any, in case the student denies the allegations of the instructor/invigilators/members of observer committee or refuses to give his/her statement on the spot or runs away from the examination hall without giving his statement.

UNDERTAKING

I declare that the work presented in this thesis entitled “.....” submitted to the Department of, Motilal Nehru National Institute of Technology Allahabad, (India) for the award of **Doctor of Philosophy** Degree in, is my original work. I neither have plagiarized any part of the thesis nor submitted the same work for the award of any other Degree anywhere. In case this undertaking is found incorrect, The Degree shall be withdrawn unconditionally.

Date :

(Signature of Candidate)

Place :

