



राष्ट्रीय प्रौद्योगिकी संस्थान दिल्ली
NATIONAL INSTITUTE OF TECHNOLOGY DELHI
(शिक्षा मंत्रालय, भारत सरकार के अधीन एक स्वायत्त संस्थान)

(An autonomous Institute under the aegis of Ministry of Education, Govt. of India)

Plot No. FA7, Zone P1, GT Karnal Road, Delhi-110036, INDIA
दूरभाष/Tele: +9111-33861000, 1001, 1005 फ़ैक्स/ Fax: +9111-27787503

वेबसाइट/Website: www.nitdelhi.ac.in

Application for the Allotment of Supervisor(s)

Department: _____

1. Name of Research Scholar: _____ Roll No.: _____

2. Date of First Registration: _____

3. Status: Full-Time Part-Time

4. Sponsored/Self Finance/NITD Assistantship/ Assistantship from other sources: _____

5. Proposed Area of Research: _____

Kindly provide the list of faculty members working/interested to supervise in the above research areas.

Date: _____

Signature of Research Scholar _____

Convener, DPGC



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Faculty Members Working/Interested to Supervise

1. Name of Research Scholar: _____ Roll No.: _____

2. Proposed Area of Research: _____

I) Vis-a-vis above area of research I suggest following faculty members may be consulted:

1.	Name: _____ Designation: _____ Department: _____	Interested/ Not Interested Signature: _____
2.	Name: _____ Designation: _____ Department: _____	Interested/ Not Interested Signature: _____
3.	Name: _____ Designation: _____ Department: _____	Interested/ Not Interested Signature: _____
4.	Name: _____ Designation: _____ Department: _____	Interested/ Not Interested Signature: _____
5.	Name: _____ Designation: _____ Department: _____	Interested/ Not Interested Signature: _____
6.	Name: _____ Designation: _____ Department: _____	Interested/ Not Interested Signature: _____

Date: _____

Convener, DPGC: _____

Date: _____

Head of Department: _____

II) I have interacted with the above faculty members and following is my choice of supervisor(s):

Sr. No	Main Supervisor	Joint Supervisor(s)*
1.	Name: _____ Designation: _____ Department: _____	Name: _____ Designation: _____ Department: _____
2.		Name: _____ Designation: _____ Department: _____
3.		Name: _____ Designation: _____ Department: _____

* The justification in case of joint supervisor must be enclosed.

Date: _____

Signature of Research Scholar: _____



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Consent Letter from Faculty

1. Name of Research Scholar: _____ Roll No.: _____

2. Proposed Area of Research: _____

I give my consent to guide the Ph.D Research work of the above-mentioned research scholar as Main Supervisor/Joint Supervisor as per Ph.D. ordinance of NIT Delhi.

Signature with date: _____

Name: _____

Designation: _____

Department: _____



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Allotment of Supervisor(s)

Department : _____

1. Name of the Research Scholar:.....Roll. No:.....

2. Date of First Registration:..... 3. Status: Full-Time Part-Time

4. Sponsored/Self Finance/NITD Assistantship / Assistantship from other sources: _____

5. Proposed area of research :

6. Supervisor 1 Name:

Designation:

Department:

Supervisor 2 Name:

Designation:

Department:

Supervisor 3 Name:

Designation:

Department:

*(In case of supervisor from outside the NIT Delhi, attach his/her consent and detailed CV. Fill his email ID and contact details above.)

DATED:

Signature of Research Scholar

Supervisor 1

Supervisor 2

Supervisor 3

DPGC Convener

Head of the Department

Dean R & C

DIRECTOR