Appointment of Local Supervisor from External Organization

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name of the PhD Student | | | | | | | : | | |  | | | | | | | | | | | | | | | |
| 2. | Roll Number | | | | | | | : | | |  | | | | | | | | | | | | | | | |
| 3. | Academic Division | | | | | | | : | | |  | | | | | | | | | | | | | | | |
| 4. | Joined PhD Programme during | | | | | | | : | | | ODD Semester | | | | | | | | EVEN Semester | | | | | | | |
|  | (Put a Tick Mark ✓) | | | | | | |  | | |  | | | | | | | |  | | | | | | | |
| 5. | Present Type/Category of the Student:  Put a Tick mark ✓ in the appropriate  Boxes | | | | | | | | | | | | Full Time | | | |  | | | | | | Part Time | | | |
|  |  | | | |  | | | | | |  | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Regular |  | | Sponsored | | | | | |  | | Self-Financed | |  | Project-Staff | | | | |  | | External | |  | QIP/Others |  |
|  |  |  | |  | | | | | |  | |  | |  |  | | | | |  | |  | |  |  |  |
|  |  |  | |  | | | | | |  | |  | |  |  | | | | |  | |  | |  |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Date of Successful Completion of Comprehensive Examination: | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 7. | Existing Supervisors | | | | | | | | | | | | | | | | | | | | | | | | | |
| From IIT Guwahati | | | Name | | | | | | | | | | | | | | | Department/ Center | | | | | | | | |
| Coordinating Supervisor | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| Supervisor | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| 8. | Details of Proposed Local Supervisor from External Organization: | | | | | | | | | | | | | | | | | | | | | | | | | |
| (a) | Name | | | | | | : | |  | | | | | | | | | | | | | | | | | |
| (b) | Designation | | | | | | : | |  | | | | | | | | | | | | | | | | | |
| (c) | Department | | | | | | : | |  | | | | | | | | | | | | | | | | | |
| (d) | Organization | | | | | | : | |  | | | | | | | | | | | | | | | | | |
| (e) | Place & Country | | | | | | : | |  | | | | | | | | | | | | | | | | | |
| (f) | PhD Degree Obtained From | | | | | | : | |  | | | | | | | | | | | | | | | | | |
| (g) | Post-PhD Research Experience | | | | | | : | | Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Months:\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| (h) | At least 2 years of Service Contract remaining in the Present Organization | | | | | | | | | | | | | | | | | | | : | Yes / No | | | | | |
| (i) | Areas of Expertise | | | | : |  | | | | | | | | | | | | | | | | | | | | |
|  | Please enclose the CV of Proposed Co-Supervisor from the external organization. | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Details of Proposed Research to be carried out under the Supervision of External Supervisor along with IITG Supervisor(s) | | | | | | | | | | | |
| 9. | Proposed Area(s) of Research | | | | : | |  | | | | |
| 10. | Brief Description of Research Problem: (If the space is not sufficient then enclose separately) | | | | | | | | | | |
|  | | | | | | | | | | |
| 11. | Justification for needing Local Supervisor from External Organization: | | | | | | | | | | |
|  |  | | | | | | | | | | |
| 12. | Do you require visiting the organization of Local Supervisor? | | | | | | | : | Yes / No | | |
| 13. | If yes, Number of Visits Required  and Total Period (Tentatively) | | | | : |  | | | | | |
| (Please note that the Total Period of all such visits availing under Academic Leave should not exceed one year) | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  | Date | : |  |  | | | | | | | Signature of the PhD Student |
| 14. | Recommendations of IITG Supervisors: | | | | | | | | | | |
|  | Signatures of IITG Supervisors: | | | |  | | | | | | |
| 15. | Recommendations of the Doctoral Committee: | | | | | | | | | | |
|  | Signatures of all Members of the DC: | | | | | | | | | | |
| 16. | Discussed in the DPPC and its Recommendations are enclosed herewith  Signature of Member Secretary, DPPC | | | | | | | | | Recommended  Signature of Chairperson, DPPC | |
| 17. | Recommendations of the Chairperson, IPPC:  Date: Chairperson, IPPC | | | | | | | | | | |
| 18. | Approved  Chairman, Senate | | | | | | | | | | |