**INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI**

**ACADEMIC RESEARCH SECTION**

*Form for* ***Reinstatement Appeal Form No:* Gen/21A**

(If a student wants to appeal for reinstatement, he/she must submit this form at the **respective department/centre**)

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To, *Date of Appeal*:

Chairman, Senate

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*Justification for reinstatement appeal by the student must be given below, mentioning reasons for unable to complete the pending academic requirement.*

***Student’s Signature***

*Student’s Name:*

*Student’s Roll No*:

*Academic Division :*

*Student’s Email id*:

 *Contact Mobile No*:

*Month and Year of First Registration/ Joining of Ph.D. Program:*

*Month and Year of Latest Registration (Date):*

*Name(s) of Supervisor(s): 1.*

 *2.*

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**14. Time Line for completion of pending academic requirement:**

**I request you to kindly grant me (till above mentioned date) to complete my pending academic requirement. Also kindly grant me permission for registering the …………………………………… semester after completion of my pending requirement.**

**Date:** Signature of the Ph.D. Student

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*Form for* ***Reinstatement Appeal Form No:* Gen/21A**

***Student’s Name: Student’s Roll No*:**

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Part-B: To be filled by Thesis Supervisor(s), Chairperson-DC and DPPC, etc

|  |  |
| --- | --- |
|  | **Brief comments and recommendations by the Thesis Supervisor(s) & DC:** |
| Supervisor 1 Supervisor 2DC Member1 DC Member2  |  |  Recommended / Not RecommendedChairperson, DC |
| Member Secretary, DPPC | **Brief comments and recommendations by DPPC** |  | Recommended / Not RecommendedChairperson, DPPC |

Recommended / Not Recommended

ADoAR/DoAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision of the Chairman, Senate: **APPROVED / NOT APPROVED**

Signature of the **Chairman, Senate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ACADEMIC RESEARCH SECTION**

***The department/ center is requested to give this page of acknowledgement to the student after signing.***

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*Form for* ***Reinstatement Appeal Form No:* Gen/21A**

***Student’s Name: Student’s Roll No*:**

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**Acknowledgement**

This is to acknowledge the receipt of reinstatement appeal of the student with above mentioned details.

Date: Signature of Dealing/ Receiving Official

 Name of Dealing/ Receiving Official:

 Academic Division : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_