

केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

Deemed to be University, MHRD, Govt. of India Kokrajhar, BTAD, Assam 783370

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Appointment of Supervisor(s)

1.	Name of the Stude	ent :					
2.	Roll Number	:					
3.	Academic Departn	nent/ Center :					
4.			ODD Se	mester	EVEN Semester		
5.	Present Type/Cate Put a Tick mark ✓ Boxes			me	Part	Time	
	Regular	Sponsored	Self-Financed	Project-Staff	External	QIP/other	
6.			owing Supervisor(s)				
Role	in DC	Name		Department/	Center	Signature	
Coor	dinating Supervisor						
Supe	rvisor*, if any						
*If the	e supervisor is not a fa	aculty member, the	n please mention his/he	r designation along wit	h the Name of the De	epartment/ Center.	
	Consent from the s	student and the s	upervisor(s) is taken.		*°Recomme	ended / Approved	
Signature of Member Secretary, DPPC/CPPC					Chairperson, DPPC/CPPC		
For External Category Name			Des	Designation and Organization			
	Supervisor° from nt Organization						
		Please attach the CV and	d consent of the (external) Loc			/ *D	
	Remark:			N		I *Recommended	
						Chairperson, IPPC	
Го							
Chair	rperson, IPPC (E emic Affairs Section					*Approved	