



राष्ट्रीय प्रौद्योगिकी संस्थान आंध्रप्रदेश
NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

PHD RR 25
Form A

No. NITANP/

Date:

SEMESTER REGISTRATION FORM

1.	Name of the Scholar	:	
2.	Roll Number	:	
3.	Mode of study	:	Full-Time/ Part-Time
4.	Gender & Admitted Category	:	
5.	Department	:	
6.	Date of Joining (<i>details with reference to Form 1</i>)	:	
7.	Name & Dept. of Supervisor	:	
8.	<u>Registration Details</u>		
a.	Number of semesters lapsed (<i>till date</i>) since joining	:	
b.	Whether scholar failed to register for any semester prior to this registration?	:	Yes / No
c.	Details of such failed registration, if any	:	AY(s): Semester(s):
d.	Performance of scholar in the previous semester as per the result provided by SACD	:	Satisfactory / Unsatisfactory
e.	Current Semester	:	Odd / Even
f.	Current Academic Year	:	
g.	Amount of Fee paid	:	
h.	Fee Transaction Number	:	
i.	Date of Fee Transaction	:	
9.	Declaration by scholar:		
	I declare that: i. I am registering for the semester in current academic year as mentioned above at S. No. 8(e) & 8(f). ii. I have reported to the supervisor and to my DSC during this semester registration at NIT Andhra Pradesh. iii. I am aware that I must abide by all Ph.D rules & regulations (PHD RR 25) which are in force as on date and also to the amendments, if any, made until I achieve the degree to which I am admitted.		
			Scholar Signature with Date

10.	Recommendation of supervisor	:	It is certified that the semester registration of the above scholar may be allowed as per clause (9.1) of PHD RR 25 and he/she is eligible for registration as per clause (9.3) of PHD RR 25. He/she reported to me on
Remarks, if any:			
Co-supervisor		Name & Dept.: Supervisor	

11.	Recommendation of respective Chairperson, DSC	:	It is certified that the semester registration of the above scholar may be allowed as per as per clause (9.1) of PHD RR 25 and he/she is eligible for registration as per clause (9.3) of PHD RR 25.
Remarks, if any:			
Chairperson, DSC		Head of Department/ School	

12.	Action at SASS	:	Details of above scholar is verified, and he/she is allowed for registration considering the list of eligible scholars provided by SACD. Hence, the registration may be accepted.
Recommendations/ Remarks, if any:			
Superintendent, SASS		Associate Dean, AA, SASS	

13.	Action at SACD	:	The semester registration of the above scholar may be accepted
Recommendations/ Remarks, if any:			
Superintendent, SACD		Associate Dean, AA, SACD	

14.	Action at ODAA	:	The proposal is as per the clause (9) of PHD RR 25.
Recommendations/ Remarks, if any:			
		Dean, Academic Affairs	

Form retained at SACD in respective scholar file

Consolidated list of all scholars registered for the semester will be sent after closing the date of registration