राष्ट्रीय प्रौद्योगिकी संस्थान आंध्रप्रदेश
NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

No. NITANP/ Date:

SCHOLAR JOINING/ REPORTING FORM

1.	**Name of the Scholar** (as per 10th Marksheet)	**:**	
2.	**Roll Number**	**:**	
3.	**Home Department** *(in which scholar admitted and joining)*	**:**	
4.	**Order reference number**	**:**	
5.	**Mode of study**	**:**	Full-Time/ Part-Time
6.	**Financial Assistance Category as per clause (2.2) of PHD RR 25** *(Tick the relevant and Strike the invalid)*	**:**	Full time – Institute Assistantship Category (FT-HTTA) Full Time – Project Category (FT-HTPA) Full Time – Sponsored Category (FT-HTSA) Part-time – Sponsored Category (PT-SA)
7.	**Date of Joining**	**:**	
8.	**Gender & Admitted Category**	**:**	
9.	**Category**	**:**	
10.	**Preceding Degree**	**:**	
11.	**Declaration by scholar:**		
	It is to declare that: i. I have reported to the Head of Department/School as detailed above consequent of my admission offered at NIT Andhra Pradesh. ii. I abide to all rules and regulations of the PhD programme/institute. iii. I am aware that I must abide to all such rules and regulations 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

12.	**Action at SASS**	**:**	Details of above scholar is verified & the original certificates are verified at SASS.
Remarks:			
Superintendent, SASS			**Associate Dean, AA, SASS**

13.	**Recommendation of respective Head of Department/School**	**:**	Reported on …… (FN/AN)
14.	**Remarks, if any**		
Respective Divisional Head/ Coordinator			**Head of Department/ School**

15.	**Action at SACD**	**:**	Details of above scholar is verified & personal file created at SACD.
Superintendent, SACD			**Associate Dean, AA, SACD**

Consolidated list shall be communicated by SACD to SASS and respective departments after the due date of joining the programme
Open a new file on the name of respective scholar at SACD

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NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

No. NITANP/ Date:

SUPERVISOR PREFERENCE & CONSENT FORM

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Department** *(in which scholar admitted)*	**:**	
4.	**Mode of study**	**:**	Full-Time/ Part-Time
5.	**Date of Joining**	**:**	
6.	**Preceding Degree**	**:**	
7.	**Declaration by scholar:**		
	It is to declare that assessing my need of expertise to carry out expected research work, I hereby personally requesting the following faculty to provide their kind consent for possible allotment as supervisor for my PhD work. I am aware that under specific circumstances/ administrative constraints, the competent authority may even assign any other faculty as supervisor other than the below faculty from whom I received the consent.		
			Scholar Signature with Date

8.	**Consent from faculty for supervisor:**			
	Name, Designation & Department		**I hereby consent**	**Signature of consent**
i.		**:**	As supervisor	
ii.		**:**	As supervisor	
iii.		**:**	As supervisor	
iv.		**:**	As supervisor	
v.		**:**	As supervisor	

9.	**Recommendation of respective Head of Department/School**	**:**	It is certified that the above consented faculty have the vacant slots as per clause (12.1.4) of PHD RR 25. The matter shall be placed in DAC-PG&R and final allotment of supervisor shall be made to the scholar as per PHD RR 25.
10.	**Remarks, if any**		
Respective Divisional Head/ Coordinator			**Head of Department/ School**

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No. NITANP/ Date:

SUPERVISOR ALLOTMENT FORM

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Mode of study**	**:**	Full-Time/ Part-Time
4.	**Gender & Admitted Category**	**:**	
5.	**Department** *(in which scholar admitted and joining)*	**:**	
6	**Preceding Degree**	**:**	
7.	**Nature of allotment**	**:**	First allotment / Change of supervisor
8.	**Reason** *(in a phrase),* **if it is a change of supervisor** *(else not applicable)*	**:**	
9.	**Reference respective Form 02** *(Latest)*	**:**	
10.	**Reference minutes of DAC-PG&R for this allotment of supervisor** *(Attach the minutes separately)*	**:**	
11.	**Supervisor allotted & Designation**	**:**	
12.	**Recommendation of respective Head of Department/School**	**:**	It is certified that the above supervisor was allotted to the scholar with the consent of DAC-PG&R.
13.	**Remarks, if any**	**:**	
Respective Divisional Head/ PhD Coordinator			**Head of Department/ School**

14.	**Action at SACD**	**:**	Details of above scholar is verified. The slot of the proposed supervisor is vacant / not vacant and the proposal may / may not be approved
Superintendent, SACD			**Associate Dean, AA, SACD**

15.	**Action at ODAA**	**:**	The proposal is as per the clause (12.1.4) of PHD RR 25.
Recommendations/ Remarks, if any:			
			Dean, Academic Affairs

Form retained at SACD in respective scholar file

CC of this form to respective department for constitution of DSC

राष्ट्रीय प्रौद्योगिकी संस्थान आंध्रप्रदेश
NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

No. NITANP/SACD/20xx-xx/ Date:

ORDER

Ref: NITANP/xxxx/20xx-xx/xxx dated dd.mm.yyyy

Subject: Assigning the supervisor for the scholars joined in AY ……. of …… Semester – Reg.

Vide cited reference above, the following supervisor allotment is made for the scholars admitted in AY …… in …… semester in the Department of ……..

	Roll Number	Name of the Scholar(s)	Mode of study	Supervisor & Dept.

This is issued with the approval of competent authority.

(Name of Official)
Associate Dean, AA, SACD

To:
Name of research scholar, Roll No, Research Scholar, Dept.
Name of supervisor, Dept.
Name of co-supervisor, Dept. (if any)
File copy of respective scholar at SACD

Copy to:
1. Head of respective department for necessary action
2. Dean, AA for kind information.
3. File of respective scholar at department.

राष्ट्रीय प्रौद्योगिकी संस्थान आंध्रप्रदेश
NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

No. NITANP/ Date:

REQUEST FOR ASSIGNING CO-SUPERVISOR

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**	**:**	
7.	**Preceding Degree**	**:**	
8.	**Name & Dept. of Supervisor**	**:**	
	It is to declare that assessing my need of expertise to carry out expected research work, with the consent of my supervisor, I hereby personally request the following faculty/officer/scientist to provide their kind consent for possible allotment as co-supervisor for my PhD work. I am aware that under specific circumstances/ administrative constraints, the competent authority may not consider my request.		
			Scholar Signature with Date
9.	**Remarks, if any, by supervisor**	**:**	
			Supervisor of above scholar

10.	**Consent from faculty for co-supervisor:**			
	Name, Designation & Department		**As co-supervisor**	**Signature of consent**
		:		

11.	**Reference minutes of DAC-PG&R for this allotment of co-supervisor** *(Attach the minutes separately)*	**:**	
12.	**Recommendation of respective Head of Department/School**	**:**	It is certified that the above consented faculty (if from NIT ANP) have the vacant slots as per clause (12.1.4) of PHD RR 25. The matter shall be placed in DAC-PG&R and final allotment of supervisor shall be made to the scholar as per PHD RR 25.
			Head of Department/ School

13.	**Action at SACD**	**:**	Details of above scholar is verified. The slot of the proposed co-supervisor is vacant and the proposal may be approved
Superintendent, SACD			**Associate Dean, AA, SACD**

14.	**Action at ODAA**	**:**	The proposal is as per the clause (12.1.4) of PHD RR 25.
Recommendations/ Remarks, if any:			
			Dean, Academic Affairs

Form retained at SACD in respective scholar file
CC of this form to respective department for re-constitution of DSC

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NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

No. NITANP/SACD/20xx-xx/ Date:

ORDER

Ref: NITANP/xxxx/20xx-xx/xxx dated dd.mm.yyyy

Subject: Assigning the co-supervisor for the scholar(s) joined in AY ……. of …… Semester – Reg.

Vide cited reference above, the following co-supervisor allotment is made for the scholars admitted in AY …… in …… semester in the Department of ……..

	Roll Number	Name of the Scholar(s)	Name of Supervisor, Dept.	Name of Co-Supervisor, Dept.

This is issued with the approval of competent authority.

(Name of Official)
Associate Dean, AA, SACD

To:
Name of research scholar, Roll No, Research Scholar, Dept.
Name of supervisor, Dept.
Name of co-supervisor, Dept. (if any)
File copy of respective scholar at SACD

Copy to:
1. Head of respective department for necessary action
2. Dean, AA for kind information.
3. File of respective scholar at department.

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NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

No. NITANP/ Date:

CONSTITUTION OF DOCTORAL SCRUTINY COMMITTEE

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**	**:**	
7.	**Preceding Degree**	**:**	
8.	**Name & Dept. of Supervisor**	**:**	

9.	**Proposed constitution of Doctoral Scrutiny Committee (DSC) for above scholar:**					
S. No.	**As per PHD RR 25 under clause**	**Name, Designation, Department & Affiliation**		**Composition**	**Role in DSC**	**Signature of consent from respective**
i.	13.1.1.1	**Incumbent / Other satisfying clause (13.1.4)**	**:**	Respective Head of the Department	Chairperson	NA
ii.	13.1.1.2		**:**	Supervisor	Member and Convenor	
iii.	13.1.1.3		**:**	Co-supervisor, if any	Member	NA
iv.	13.1.1.4		**:**	One Faculty from same department – 1	Member	
v.	13.1.1.5		**:**	One Faculty from same department – 2	Member	
vi.	13.1.1.6		**:**	One Faculty from allied department	Member	

10.	**Recommendation of respective Head of Department/School**	**:**	It is certified that the above members at S. No. (iv) to (vi) have consented to be the part of DSC in their proposed role for the scholar as per clause (13.1.1) of PHD RR 25. The above constitution of DSC may please be approved.
11.	**Remarks, if any**	**:**	
Supervisor			**Head of Department/ School**

12.	**Action at SACD**	**:**	Details of above scholar is verified and the proposal of constitution is as per norms The proposed DSC to the above scholar may be approved.
Superintendent, SACD			**Associate Dean, AA, SACD**

13.	**Action at ODAA**	**:**	The proposal is as per the clause (13.1.1) of PHD RR 25.
Recommendations/ Remarks, if any:			
			Dean, Academic Affairs

Form retained at SACD in respective scholar file

The SACD shall release the order of constitution of DSC.

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No. NITANP/SACD/20xx-xx/ Date:

ORDER

Ref: NITANP/xxxx/20xx-xx/xxx dated dd.mm.yyyy

Subject: Constitution of Doctoral Scrutiny Committee (DSC) – AY 2025-26 – Even Semester – Reg.

Vide cited reference above, the Doctoral Scrutiny Committee (DSC) of the scholar detailed below is constituted as under:

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Mode of study**	**:**	Full-Time/ Part-Time
4.	**Department**	**:**	
5.	**Date of Joining**	**:**	
6.	**Preceding Degree**	**:**	

S. No.	Under clause	Name, Designation, Department & Affiliation	Role in DSC
i.	13.1.1.1	**Head of the Department or Other satisfying clause (13.1.4)**	Chairperson
ii.	13.1.1.2		Member and Convenor
iii.	13.1.1.3		Member
iv.	13.1.1.4		Member
v.	13.1.1.5		Member
vi.	13.1.1.6		Member

This is issued with the approval of competent authority.

(Name of Official)
Associate Dean, AA, SACD

To:
Name of research scholar, Roll No, Research Scholar, Dept.
Name of supervisor, Dept.
Name of co-supervisor, Dept. (if any)
File copy of respective scholar at SACD

Copy to:
4. Dean, AA for kind information.
5. File of respective scholar at department.

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NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

No. NITANP/ Date:

REQUEST BY SCHOLAR AND APPROVAL FOR COMPREHENSIVE EXAMINATION

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Mode of study**	**:**	Full-Time/ Part-Time
4.	**Department**	**:**	
5.	**Name & Dept. of Supervisor**	**:**	
a.	**Details of previous failed registration, if any**	**:**	AY(s): Semester(s):
b.	**Performance of scholar in the previous semester as per the result provided by SACD**	**:**	Satisfactory / Unsatisfactory
c.	**Current Semester**	**:**	Odd / Even
d.	**Current Academic Year**	**:**	

6. Status of Course Work:

a.	Preceding Degree before admission to PhD programme		
b.	Credits to be earned as a part of course work under clause (14.1.1)	**(A)**	
c.	Valid Credits earned as a part of course work till date	**(B)**	
d.	Whether credits at (c) are equal or more than (b) above?		**Yes / No**
e.	Whether scholar satisfied the clause (14.3.1) of PHD RR 25?		**Yes / No**

7. List of courses successfully completed as a part of course work:

S. No	Course Code	Name of the Course	Regular/ Self Study/ MOOCS	Grade
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

8. Declaration by scholar:

I hereby request the competent authority to conduct my comprehensive examination upon verification of my eligibility as per clause (14.3.1).			
			Scholar Signature with Date

9.	**Recommendation of respective DSC:**	
The scholar is eligible for appearing comprehensive examination under clauses (14.3.1), (14.3.5) and (14.3.6) of PHD RR 25.		
(Name:……..…)	(Name:……..…)	(Name:……..……)
Member and Convenor	**Member**	**Internal Member** – 1
Supervisor	Co-Supervisor	Dept:
(Name:……)	(Name:……)	(Name:……)
Internal Member – 2	**External Member**	**Chairperson, Respective DSC**
Dept:	Dept:	Dept:

10.	**Action at SACD**	**:**	The comprehensive examination of the above scholar may be conducted as recommended by respective DSC under clauses (14.3.1), (14.3.5) and (14.3.6) of PHD RR 25.
Recommendations/ Remarks, if any:			
Superintendent, SACD			**Associate Dean, AA, SACD**

11.	**Action at ODAA**	**:**	The proposal is as per clauses (14.3.1), (14.3.5) and (14.3.6) of PHD RR 25.
Recommendations/ Remarks, if any:			
			Dean, Academic Affairs

Form retained at SACD in respective scholar file

An order to conduct comprehensive examination shall be issued by SACD

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No. NITANP/SACD/20xx-xx/ Date:

ORDER

Ref: NITANP/xxxx/20xx-xx/xxx dated dd.mm.yyyy

Subject: Approval for Conducting Comprehensive Examination – Scholar Name – Roll Number – Dept. Code – Reg.

Vide cited reference above, the approval of the competent authority is hereby conveyed to conduct the comprehensive examination to the scholar detailed below as per Clauses (14.3.2) – (14.3.4) of PHD RR 25.

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Mode of study**	**:**	Full-Time/ Part-Time
4.	**Department**	**:**	

This is issued with the approval of competent authority.

(Name of Official)
Associate Dean, AA, SACD

To:
Name of research scholar, Roll No, Research Scholar, Dept.
Name of chairperson, DSC of the scholar.
Name of supervisor, Dept.
Name of co-supervisor, Dept. (if any)
File copy of respective scholar at SACD

Copy to:
1. Dean, AA for kind information.
2. File of respective scholar at department.

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No. NITANP/Dept. Code/20xx-xx/ Date:

NOTICE

Ref: NITANP/SACD/20xx-xx/xxx dated dd.mm.yyyy

Vide cited reference above, the comprehensive examination of the **#scholar name#** is scheduled as below

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Mode of study**	**:**	Full-Time/ Part-Time
4.	**Department**	**:**	
5.	**Date and time of Comprehensive Examination**	**:**	
6.	**Venue**	**:**	

All the interested students, scholars, and faculty may attend the presentation.

(Name of Official)
Chairperson, DSC

To:
Name of research scholar, Roll No, Research Scholar, Dept.

Copy to:
1. Name of supervisor, Dept.
2. Name of co-supervisor, Dept. (if any)
3. All other members of the respective DSC of the scholar.
4. File copy of respective scholar at SACD
5. Dean, AA for kind information.
6. File of respective scholar at department.

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No. NITANP/ Date:

RECOMMENDATIONS OF COMPREHENSIVE EXAMINATION

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Department**	**:**	
4.	**Mode of study**	**:**	**Full-Time/ Part-Time**
5.	**Comprehensive Examination approval order reference number**	**:**	
6.	**Date of Comprehensive Examination/ Seminar held**	**:**	
	RECOMMENDATIONS OF DOCTORAL SCRUTINY COMMITTEE (DSC)		
7.	**Attempt of Examination**	**:**	First / Second
8.	**Result of Comprehensive Examination/ Seminar**	**:**	**PASS / FAIL**
9.	**In case of FAIL in first attempt, next date of Examination/ Seminar as per clause (14.3.4) of PHD RR 2025**	**:**	
10.	**If the result is FAIL in second attempt, the candidature is liable to terminate under clause (11.2.3) of PHD RR 2025**	**:**	Recommended / NA
Remarks, if any:			

(Name:……)	(Name:……)	(Name:……)
Member and Convenor	**Member**	**Internal Member** – 1
Supervisor	Co-Supervisor	Dept:
(Name:……)	(Name:……)	(Name:……)
Internal Member – 2	**External Member**	**Chairperson, Respective DSC**
Dept:	Dept:	Dept:

Forwarded by:	
Respective Divisional Head/ PhD Coordinator	**Head of Department/ School**

11.	**Action at SACD**	**:**	The result of the above scholar is recommended by DSC under provision granted under clause (14.3) of PHD RR 25. Accordingly, the scholar may now be: **a.** Declared as research scholar of the institute from the effective date of examination as per clause (14.3.3) of PHD RR 2025. **b.** Granted final chance to re-appear for the comprehensive examination as per clause (14.3.4) of PHD RR 2025. **c.** Terminated from the PhD programme and the admission is treated to be cancelled from the effective date of examination as per clauses (14.3.4) and (11.2.3) of PHD RR 2025.
Additional Remarks, if any:			
Superintendent, SACD			**Associate Dean, AA, SACD**

12.	**Action at ODAA**	**:**	The above proposal is as approved under provision granted under clause (14.3) of PHD RR 25.
Recommendations/ Remarks, if any:			
			Dean, Academic Affairs

Form retained at SACD in respective scholar file.
An order to declare the result of comprehensive examination and the decision shall be issued by SACD.

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No. NITANP/ Date:

RESULT OF COMPREHENSIVE EXAMINATION

Ref: NITANP/xxxx/20xx-xx/xxx dated dd.mm.yyyy

Subject: AY …….. in ……. Semester - Result of comprehensive examination – Reg.

The comprehensive examination result of respective scholar is detailed below:

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Mode of study**	**:**	Full-Time/ Part-Time
4.	**Department**	**:**	
5.	**Date of Joining**	**:**	
6.	**Preceding Degree**	**:**	
7.	**Date of examination**	**:**	
8.	**RESULT**	**:**	**PASS / FAIL / REPEAT**
9.	**Next date in case of REPEAT**	**:**	

(If passed)

Accordingly, the candidature of above scholar admitted for PhD programme is confirmed as he/she shall be declared to be research scholar of the institute. He shall be bounded with regulations of PHD RR 25.

(If fail)

Accordingly, the candidature of above scholar admitted for PhD programme is rejected as he/she shall be declared to be terminated as scholar of the institute with effect from date of examination i.e., ……..

(If repeat)

Accordingly, the candidature of above scholar admitted for PhD programme is under abeyance. He/she must appear for comprehensive examination before DSC on ……...

This is issued with the approval of competent authority.

(Name of Official)
Associate Dean, AA, SACD

To:
Name of research scholar, Roll No, Research Scholar, Dept.
Name of supervisor, Dept.
Name of co-supervisor, Dept. (if any)
File copy of respective scholar at SACD

Copy to:
1. Chairperson, DSC of the research scholar.
2. Head of respective department for kind information.
3. Dean, AA for kind information.
4. File of respective scholar at department.

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No. NITANP/ Date:

REQUEST BY SCHOLAR AND APPROVAL FOR CONVERSION FROM JRF TO SRF

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Date of joining the PhD programme**	**:**	
4.	**Mode of study at the time of joining**	**:**	Full-Time
5.	**Department**	**:**	
6.	**Name & Dept. of Supervisor**	**:**	
7.	**Details of Co-supervisor, if applicable**	**:**	
8.	**Number of credits earned in the course work**	**:**	
9.	**Current Academic Year**	**:**	
10.	**Broad area of research**	**:**	

11. Status of previous record and Comprehensive examination:

a.	Preceding Degree before admission to PhD programme	
b.	Date of successful completion of comprehensive examination/ seminar	
c.	Semesters completed (till date) for the scholar counting from the date of joining	
d.	Semesters completed (till date) for the scholar excluding unregistered semesters, if any, counting from the date of joining	

12. Progress of Research, if any:

a.	Number of months completed from the date of joining the PhD Programme excluding the months if any fall under unregistered	
b.	Number of research publications in Science Citation Index (SCI/SCIE) or Scopus Index journal including E-SCI journals from his/her research are required for submission of Ph.D. thesis.	
c	Number of research publications in Social Sciences Citation Index (SSCI) and Arts & Humanities Citation Index (AHCI) from his/her research can also be considered for Architecture and Humanities departments.	
d.	Number of filed/granted patent from his/her research work.	
e.	Number of conference papers published or accepted	

13. Declaration by scholar:

I hereby request the competent authority to convert my HTTA status from JRF to SRF upon verification of my eligibility to meet the minimum requirement. Accordingly I request to revise my emoluments as per Institute rules under clause (22) of PHD RR 25.

Scholar Signature with Date

14.	**Recommendation of respective DSC:**	
The scholar is eligible for conversion from JRF to SRF under clause (22) of PHD RR 25.		
(Name:……)	(Name:……)	(Name:……)
Member and Convenor	**Member**	**Internal Member** – 1
Supervisor	Co-Supervisor	Dept:
(Name:……)	(Name:……)	(Name:……)
Internal Member – 2	**External Member**	**Chairperson, Respective DSC**
Dept:	Dept:	Dept:

15.	**Action at SACD**	:	The request of the above scholar may be accepted as recommended by respective DSC as per Clause (22) of PHD RR 25.
Recommendations/ Remarks, if any:			
Superintendent, SACD			**Associate Dean, AA, SACD**

16.	**Action at ODAA**	:	The proposal is as per the Clause (22) of PHD RR 25.
Recommendations/ Remarks, if any:			
			Dean, Academic Affairs

Form retained at SACD in respective scholar file

An order to conduct synopsis seminar shall be issued by SACD

राष्ट्रीय प्रौद्योगिकी संस्थान आंध्रप्रदेश
NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

No. NITANP/SACD/20xx-xx/ Date:

ORDER

Ref: NITANP/xxxx/20xx-xx/xxx dated dd.mm.yyyy

Subject: Approval for Conversion from JRF to SRF – Scholar Name – Roll Number – Dept. Code – Reg.

Vide cited reference above, the approval of the competent authority is hereby conveyed that the scholar detailed below is converted from JRF to SRF as per Clause (22) of PHD RR 25.

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Mode of study**	**:**	Full-Time/ Part-Time
4.	**Department**	**:**	
5.	**Effective Date of Conversion**	**:**	

This is issued with the approval of competent authority.

(Name of Official)
Associate Dean, AA, SACD

To:
Name of research scholar, Roll No, Research Scholar, Dept.
Name of chairperson, DSC of the scholar.
Name of supervisor, Dept.
Name of co-supervisor, Dept. (if any)
File copy of respective scholar at SACD

Copy to:
1. Dean, AA for kind information.
2. File of respective scholar at department.

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No. NITANP/ Date:

REQUEST BY SCHOLAR FOR SYNOPSIS SEMINAR AND EVALUATION (SSE)

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Date of joining the PhD programme**	**:**	
4.	**Mode of study at the time of joining**	**:**	Full-Time/ Part-Time
5.	**Mode of study**	**:**	Full-Time/ Part-Time
6.	**Date of conversion in mode of study, if applicable**	**:**	
7.	**Department**	**:**	
8.	**Name & Dept. of Supervisor**	**:**	
9.	**Details of Co-supervisor, if applicable**	**:**	
10.	**Number of credits earned in the course work**	**:**	
11.	**Current Academic Year**	**:**	
12.	**Title of thesis (tentative)**	**:**	

13. Status of previous record and Comprehensive examination:

a.	Preceding Degree before admission to PhD programme		
b.	Date of successful completion of comprehensive examination/ seminar	**(A)**	
c.	Semesters completed (till date) for the scholar counting from the date of joining	**(B)**	
d.	Semesters completed (till date) for the scholar excluding unregistered semesters, if any, counting from the date of joining		**Yes / No**

14. Status of essential eligibility for conducting synopsis seminar:

a.	Must complete at least 12 months from the date of successful completion of comprehensive examination in accordance with clause (11.1)		
b.	Satisfying at least one of the clauses among (i), (ii) & (iii) below, wherein the scholar must be first author or second author. But, if the scholar is second author, the first author must be respective supervisor as on the date of accepting/granting the paper/patent.		**Yes / No**
i.	Minimum two research publications in Science Citation Index (SCI/SCIE) or Scopus Index journal including E-SCI journals from his/her research are required for submission of Ph.D. thesis. The 'final accepted for publication' research paper is also be considered.		**Yes / No**
ii	Minimum two research publications in Social Sciences Citation Index (SSCI) and Arts & Humanities Citation Index (AHCI) from his/her research can also be considered for Architecture and Humanities departments. The 'final accepted for publication' research paper in journal is also be considered.		**Yes / No**

iii.	Minimum one granted patent from his/her research work.		**Yes / No**
c.	Whether scholar satisfied the clause (14.4.2) of PHD RR 25?		**Yes / No**

15. Details of claimed publications for eligibility of synopsis seminar as above:

a.	List of essential publications/journals to meet the eligibility for SSE *(in standard format)*	**Satisfy which of the parameter under clause (14.4.3)?**
1.		**(i) / (ii) / (iii)**
2.		**(i) / (ii) / (iii)**
3.		**(i) / (ii) / (iii)**
b.	List of patents (in standard format)	
1.		**(iii)**
2.		**(iii)**

Note: Attach the first page of publications and /or relevant proof of acceptance

16. Declaration by scholar:

I hereby request the competent authority to conduct my synopsis seminar upon verification of my eligibility to meet the minimum requirement. The draft synopsis report is here by submitted along with this form with consent of my supervisor(s).			
			Scholar Signature with Date

17.	**Recommendation of respective DSC:**	
The scholar is eligible for appearing Seminar Examination and Evaluation (SSE) under clause (14.4.2) of PHD RR 25.		
(Name:……)	(Name:……)	(Name:……)
Member and Convenor	**Member**	**Internal Member** – 1
Supervisor	Co-Supervisor	Dept:
(Name:……)	(Name:……)	(Name:……)
Internal Member – 2	**External Member**	**Chairperson, Respective DSC**
Dept:	Dept:	Dept:

18.	**Action at SACD**	**:**	The request of the above scholar may be accepted as recommended by respective DSC as per clause (14.4.2) of PHD RR 25.
Recommendations/ Remarks, if any:			
Superintendent, SACD			**Associate Dean, AA, SACD**

19.	**Action at ODAA**	**:**	The proposal is as per the clause (14.4) of PHD RR 25.
Recommendations/ Remarks, if any:			
			Dean, Academic Affairs

Form retained at SACD in respective scholar file

An order to conduct synopsis seminar shall be issued by SACD

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NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

No. NITANP/SACD/20xx-xx/ Date:

ORDER

Ref: NITANP/xxxx/20xx-xx/xxx dated dd.mm.yyyy

Subject: Approval for Conducting Synopsis Seminar Evaluation (SSE) – Scholar Name – Roll Number – Dept. Code – Reg.

Vide cited reference above, the approval of the competent authority is hereby conveyed to conduct the SSE to the scholar detailed below as per Clauses (14.4.3) – (14.4.13) of PHD RR 25.

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Mode of study**	**:**	Full-Time/ Part-Time
4.	**Department**	**:**	
5.	**Title of thesis (tentative)**	**:**	

This is issued with the approval of competent authority.

(Name of Official)
Associate Dean, AA, SACD

To:
Name of research scholar, Roll No, Research Scholar, Dept.
Name of chairperson, DSC of the scholar.
Name of supervisor, Dept.
Name of co-supervisor, Dept. (if any)
File copy of respective scholar at SACD

Copy to:
3. Dean, AA for kind information.
4. File of respective scholar at department.

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NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

No. NITANP/Dept. Code/20xx-xx/ Date:

NOTICE

Ref: NITANP/SACD/20xx-xx/xxx dated dd.mm.yyyy

Vide cited reference above, the synopsis seminar and evaluation of the **#scholar name#** is scheduled as below

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Mode of study**	**:**	Full-Time/ Part-Time
4.	**Department**	**:**	
5.	**Title of the thesis (tentative)**	**:**	
6.	**Date and time of Synopsis Seminar Evaluation**	**:**	
7.	**Venue**	**:**	

All the interested students, scholars, and faculty may attend the presentation.

(Name of Official)
Chairperson, DSC

To:
Name of research scholar, Roll No, Research Scholar, Dept.

Copy to:
1. Name of supervisor, Dept.
2. Name of co-supervisor, Dept. (if any)
3. All other members of the respective DSC of the scholar.
4. File copy of respective scholar at SACD
5. Dean, AA for kind information.
6. File of respective scholar at department.

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NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

No. NITANP/ Date:

RECOMMENDATIONS OF SYNOPSIS SEMINAR EXAMINATION AND EVALUATION (SSE)

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Department**	**:**	
4.	**Mode of study**	**:**	**Full-Time/ Part-Time**
5.	**Synopsis seminar approval order reference number**	**:**	
6.	**Date of Synopsis Seminar held**	**:**	
	RECOMMENDATIONS OF DOCTORAL SCRUTINY COMMITTEE (DSC)		
7.	**Attempt of Synopsis Seminar**	**:**	First / Second / Third
8.	**Result of Seminar Examination and Evaluation (SSE)**	**:**	**SATISFACTORY / NOT SATISFACTORY**
9.	**In case of NOT SATISFACTORY, next date of SSE after 60 days as per clause (14.4.5)**	**:**	
Remarks, if any:			

(Name:……)	(Name:……)	(Name:……)
Member and Convenor	**Member**	**Internal Member** – 1
Supervisor	Co-Supervisor	Dept:
(Name:……)	(Name:……)	(Name:……)
Internal Member – 2	**External Member**	**Chairperson, Respective DSC**
Dept:	Dept:	Dept:

Forwarded by:	
Respective Divisional Head/ Coordinator	**Head of Department/ School**

10.	**Action at SACD**	**:**	The result of the above scholar is recommended by DSC under provision granted under clause (14.4) of PHD RR 25. Accordingly, the scholar may now be: **a.** Enabled to submit thesis as per clause (14.5.1) of PHD RR 2025. **b.** Granted subsequent chance to re-appear for the synopsis seminar as per clause (14.4.5) of PHD RR 2025.
Additional Remarks, if any:			
Superintendent, SACD			**Associate Dean, AA, SACD**

11.	**Action at ODAA**	**:**	The above proposal is as approved under provision granted as per clause (14.4) of PHD RR 25.
Recommendations/ Remarks, if any:			
			Dean, Academic Affairs

Form retained at SACD in respective scholar file.
An order to declare the result of SSE and the decision shall be issued by SACD.

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No. NITANP/SACD/20xx-xx/ Date:

RESULT OF SYNOPSIS SEMINAR EXAMINATION AND EVALUATION (SSE)

Ref: NITANP/xxxx/20xx-xx/xxx dated dd.mm.yyyy

Subject: AY ……. in ……. Semester - Result of Seminar Examination and Evaluation (SSE)– Reg.

The Seminar Examination and Evaluation (SSE) of respective scholar is detailed below:

1.	**Name of the Research Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Mode of study**	**:**	Full-Time/ Part-Time
4.	**Department**	**:**	
5.	**Date of Joining**	**:**	
6.	**Preceding Degree**	**:**	
7.	**Attempt of SSE**	**:**	**First / Second / Third**
8.	**Date of examination**	**:**	
9.	**RESULT**	**:**	**SATISFACTORY / NOT SATISFACTORY**
10.	**Date of next attempt in case of NOT SATISFACTORY**	**:**	

(If satisfactory)

Accordingly, the above research scholar admitted for PhD programme is enabled to submit his/her thesis complying to clause (14.5.1) of PHD RR 25

(If not satisfactory)

Accordingly, the above research scholar admitted for PhD programme must re-appear for SSE complying to clause (14.4.5) of PHD RR 25

This is issued with the approval of competent authority.

(Name of Official)
Associate Dean, AA, SACD

To:
Name of research scholar, Roll No, Research Scholar, Dept.
Name of supervisor, Dept.
Name of co-supervisor, Dept. (if any)
File copy of respective scholar at SACD

Copy to:
1. Chairperson, DSC of the research scholar.
2. Head of respective department for kind information.
3. Dean, AA for kind information.
4. File of respective scholar at department.

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NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

No. NITANP/ Date:

SUBMISSION OF SYNOPSIS REPORT BY SCHOLAR

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Department**	**:**	
4.	**Mode of study**	**:**	**Full-Time / Part-Time**
5.	**Date of Synopsis Seminar held**	**:**	
6.	**Reference order declaring the result of SSE**	**:**	
7.	**Date of submission of final SSE report by scholar**	**:**	
8.	**Thesis Title**	**:**	

9. Declaration by scholar:

I hereby request the competent authority to consider my final SSE report submitted along with this form. This is a Bonafide work done by me under the supervision of _____ and was not submitted elsewhere for the award of any degree. I have incorporated all necessary suggestions made by my supervisor(s) and also by DSC during the SSE.			
			Scholar Signature with Date

10. Recommendations: The synopsis report of the above scholar is accepted in the form he/she submitted which is finalized as suggested by DSC.

(Name:……..……)	(Name:……)	(Name:……..……)
Member and Convenor	**Member**	**Chairperson, Respective DSC**
Supervisor	Co-Supervisor	Dept:

Forwarded by:

Respective Divisional Head/ PhD Coordinator	**Head of Department/ School**

11.	**Action at SACD**	**:**	The synopsis report is submitted by scholar as per clause (14.4.8) of PHD RR 25
Additional Remarks, if any:			
Superintendent, SACD			**Associate Dean, AA, SACD**

Form retained at SACD in respective scholar file.

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NITANP/ Date:

APPLICATION FORM FOR PLAGIARISM CHECK REPORT

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Department**	**:**	
4.	**Mode of study**	**:**	Full-Time / Part-Time
5.	**Date of SSE held**	**:**	
6.	**Reference order declaring the result of SSE**	**:**	
7.	**Date of submission of final SSE report by scholar**	**:**	
8.	**Thesis title** *(softbound hardcopy to be attached)*	**:**	
9.	**Whether softcopy of thesis was sent to supervisor(s) to forward to the concerned authority to check plagiarism?**	**:**	Yes / No
10.	**Date mailed to supervisor against the statement at S. No. 09 above**	**:**	

11. Declaration and Request by scholar:

I am submitting a softcopy of my Ph.D. thesis through supervisor to the concerned officer authorized to check the plagiarism at NIT Andhra Pradesh. I hereby request the competent authority to check plagiarism & issue me a report to that effect. I declare that, I am aware of anti-plagiarism policy of NIT Andhra Pradesh under clauses (18.5) to (18.7) of PHD RR 25. I further declare that the soft copy being submitted for plagiarism check is the same as print copy of Dissertation/thesis/Research Article. I hereby declare that, the above-mentioned research work is original & it doesn't contain any plagiarized contents. If any plagiarism found in this manuscript I / we shall be solely responsible for it and the institute shall have sole right to initiate appropriate legal action. I shall be responsible for any legal dispute / case (s) for violation of any provisions of the Anti-plagiarism Policy / Copyright Act / Piracy / Cyber / IPR etc.			
			Scholar Signature with Date

12. Forwarded by:

The declaration of the scholar as above is noted. Further, the request to verify the plagiarism of the above said thesis may be checked by the concerned authorized official of the institute. Accordingly, the soft copy of the thesis received from the scholar is forwarded to CLRB authorized mail ID on dated …….. to check the plagiarism of the same.		
(Name:……..……)	(Name:……)	(Name:……..……)
Member and Convenor	**Member**	**Chairperson, Respective DSC**
Supervisor	Co-Supervisor	Dept:

13.	**Action at CLRB**	**:**	Received the copy of thesis as forwarded from respective supervisor. The plagiarism of the above said thesis was checked.
14.	**Similarity Content (%)**	**:**	…… (up to 20% acceptable)
15.	**Date of plagiarism check**	**:**	
Remarks: The scholar's publications/reports are excluded and the report is generated. **Additional Remarks, if any:**			
Authorized official, CLRB/ Librarian			**Chairperson, CLRB / Dean, SCAIR**

Copy retained at CRLB for record

Original form sent to research scholar through concerned supervisor from CLRB.

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NITANP/ Date:

REPORT FOR THESIS SUBMISSION

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Date of joining the PhD programme**	**:**	
4.	**Mode of study at the time of joining**	**:**	Full-Time/ Part-Time
5.	**Mode of study**	**:**	Full-Time/ Part-Time
6.	**Date of conversion in mode of study, if applicable**	**:**	
7.	**Department**	**:**	
8.	**Name & Dept. of Supervisor**	**:**	
9.	**Details of Co-supervisor, if applicable**	**:**	
10.	**Date of SSE held**	**:**	
11.	**Reference order declaring the result of SSE**	**:**	
12.	**Date of submission of final SSE report by scholar**	**:**	
13.	**Whether the day of thesis submission is on or after 30 days after successful completion of SSE?**	**:**	Yes / No
14.	**Thesis title** *(soft bounded hardcopy to be attached)*	**:**	
15.	**Percentage of valid plagiarism report on the thesis as per clause (14.5.5.1)** *(attach original copy Form 22 received from CRLB)*	**:**	
16.	**Whether the Percentage of plagiarism report on the thesis is in the limit specified at clause (14.5.5.1) of PHD RR 25?**	**:**	Yes / No
17.	**Whether softbound hardcopy of thesis is attached?** *(attach copy)*	**:**	Yes / No

18. Fill the below if the scholar requests for the extension of Half Time Teaching Assistantship (HTTA) for three more months from the day of submission of thesis.

a.	Whether scholar completed 60 months from the date of joining the PhD programme?	:	Yes / No / NA
b.	In case of No above, how many months does the scholar require the extended HTTA?	:	One / Two / Three Months / NA
c.	Reasons and justification for extended HTTA?		

19. Declaration by scholar:

I hereby request the competent authority to consider my final thesis (softbound) submitted along with this form. The work presented in the thesis is a bonafide work done by me and was not submitted elsewhere for the award of any degree. I have incorporated all necessary suggestions made by supervisor(s).			
			Scholar Signature with Date

20. Recommendations of supervisor(s):

The plagiarism report of the above thesis was verified by me and it is in specified limit. Further, the draft thesis entitled as above is recommended in the form it is submitted. It is finalized as per the suggestions.		
Any additional information:		
(Name:……...……)		(Name:……)
Member and Convenor		**Member**
Supervisor		Co-Supervisor

21. Forwarded by:

The submission of thesis by the above scholar fulfills the clauses (14.5.1) to (14.5.5) of PHD RR 2025	
(Name:……..……)	(Name:……..……)
Chairperson, Respective DSC	**Head of Department/ School**
Dept:	Dept:

22.	**Action at SACD**	**:**	The submission of thesis by the above scholar fulfills the clauses (14.5.1) to (14.5.5) of PHD RR 2025.
Additional Remarks, if any:			
Superintendent, SACD			**Associate Dean, AA, SACD**

Form retained at SACD in respective scholar file.
Complete file of scholar along with thesis is sent to ODAA for processing

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No. NITANP/ODAA/2025-26/ Date:

THESIS SUBMISSION CERTIFICATE

Reference: NITANP/Dept. code./ dated …

The details of scholar who submitted thesis in fulfillment of award of PhD degree is detailed below:

1. **Name of the Research Scholar** :
2. **Roll Number** :
3. **Mode of study** :
4. **Department** :
5. **Date of Joining for PhD programme** :
6. **Date of successful Synopsis Seminar and Evaluation** :
7. **Date of submission of thesis** :
8. **Title of Thesis:**

Received three number of soft-bound copies of thesis which shall further lead to thesis adjudication.

#conditional# Upon the request from scholar and subsequent recommendations, the above research scholar is hereby granted with Half Time Teaching Assistantship (HTTA) under clause (14.5.6) of PHD RR 25 for additional three months i.e., from dd.mm.yyyy to dd.mm.yyyy.

(N. Jayaram)
Dean, Academic Affairs

To

1. Mr. Balaram Kumar, Research Scholar, Roll No. PF052102, DEEN.
2. Office copy in personal file of respective scholar at ODAA.

Copy to

1. Dr. ……., Dept., Supervisor of the scholar.
2. Dr. ……., Dept., Co-Supervisor, if any, of the scholar.
3. Associate Dean, AA, SASS for information.
4. The Chairperson, DSC of the research scholar.
5. Head of respective department for kind information.
6. File of respective scholar at department.

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No. NITANP/ Date:

REQUEST BY SCHOLAR FOR CONDUCTING FINAL VIVA-VOCE EXAMINATION

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Date of joining the PhD programme**	**:**	
4.	**Mode of study at the time of joining**	**:**	Full-Time/ Part-Time
5.	**Mode of study**	**:**	Full-Time/ Part-Time
6.	**Date of conversion in mode of study, if applicable**	**:**	
7.	**Department**	**:**	
8.	**Name & Dept. of Supervisor**	**:**	
9.	**Details of Co-supervisor, if applicable**	**:**	
10.	**Date of SSE**	**:**	
11.	**Date of submission of thesis**	**:**	

12 Declaration by scholar:

I hereby request the competent authority to conduct my final viva-voce examination upon verification of my eligibility of meeting the minimum requirement under clause (14.5.11.9) of PHD RR 25. The earlier draft thesis submitted by me for adjudication is revised as per the comments received from the reviewers/examiners and supervisor(s). The compliance report to the comments and answers to the queries of examiners are also prepared and submitted to present during the viva-voce examination. Accordingly, I am submitting the revised thesis and compliance report to the supervisor along with this form.			
			Scholar Signature with Date

13.	**Recommendations:**	
The comments of the reviewer(s) were incorporated and the thesis is modified by the scholar as essential. Further, answers to the queries of examiners is also prepared and submitted by the scholar. Hence, the scholar is eligible for appearing final viva-voce examination under clause (14.5.11.9) of PHD RR 25.		
(Name:……..……)	(Name:……)	(Name:……..……)
Member and Convenor	**Member**	**Chairperson, Respective DSC**
Supervisor	Co-Supervisor	Dept:

14.	**Action at ODAA**	**:**	The proposal is as per the clause (14.5.11) of PHD RR 25.
Recommendations/ Remarks, if any: The Dean, Academic Affairs by self or nominated ……..……..……. as Chairperson for the viva-voce board under Clause (14.6.2.1) of PHD RR 25.			
Office Assistant, ODAA			**Dean, Academic Affairs**

Form retained in respective scholar file at ODAA.

An order to conduct Final Viva-Voce Examination shall be issued by ODAA.

File of scholar sent to SACD along with Form 26

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No. NITANP/ODAA/20xx-xx/ Date:

ORDER

Ref: NITANP/xxxx/20xx-xx/xxx dated dd.mm.yyyy

Subject: Approval for Conducting Viva-voce Examination – Scholar Name – Roll Number – Dept. Code – Reg.

Vide cited reference above, the approval of the competent authority is hereby conveyed to conduct the viva-voce examination to the scholar detailed below as per Clause (14.6) of PHD RR 25.

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Mode of study**	**:**	Full-Time/ Part-Time
4.	**Department**	**:**	
5.	**External Examiner**	**:**	

This is issued with the approval of competent authority.

(Name of Official)
Dean, Academic Affairs

To:
Name of research scholar, Roll No, Research Scholar, Dept.
Name of chairperson, DSC of the scholar.
Name of supervisor, Dept.
Name of co-supervisor, Dept. (if any)

Copy to:
1. Associate Dean, AA, PG/PhD Affairs for kind information.
2. File of respective scholar at department.
3. File of respective scholar at ODAA.

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No. NITANP/Dept. Code/20xx-xx/ Date:

NOTICE

Ref: NITANP/SACD/20xx-xx/xxx dated dd.mm.yyyy

Vide cited reference above, the viva-voce examination of the **#scholar name#** is scheduled as below:

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Mode of study**	**:**	Full-Time/ Part-Time
4.	**Department**	**:**	
5.	**Title of the thesis**	**:**	
6.	**Date and time of Viva-voce Examination**	**:**	
7.	**Venue**	**:**	

All the interested students, scholars, and faculty may attend the presentation.

(Name of Official)
Chairperson, DSC

To:
Name of research scholar, Roll No, Research Scholar, Dept.
Name of supervisor, Dept.
External Examiner (sent in confidential mode)

Copy to:
1. Name of co-supervisor, Dept. (if any).
2. File copy along with the personal file of respective scholar to SACD.
3. Dean, AA for kind information.
4. PS to Director for kind information to the Director.
5. File of respective scholar at department.

राष्ट्रीय प्रौद्योगिकी संस्थान आंध्रप्रदेश
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No. NITANP/ Date:

RECOMMENDATIONS OF FINAL VIVA-VOCE BOARD

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Department**	**:**	
4.	**Mode of study**	**:**	**Full-Time/ Part-Time**
5.	**Final viva-voce approval order reference number**	**:**	
6.	**Date of viva-voce examination held**	**:**	
	RECOMMENDATIONS OF VIVA-VOCE BOARD		
7.	**Title of Thesis**	**:**	
8.	**Performance of scholar in viva-voce examination**	**:**	**SATISFACTORY / NOT SATISFACTORY**
9.	**In case of NOT SATISFACTORY, next date of conducting the viva-voce**	**:**	
Remarks, if any:			

(Name:……..……)	(Name:……)	(Name:……..……)
Supervisor	Co-Supervisor	Chairperson, respective DSC
Member and Convenor	**Special Invitee**	**Member**
		Affiliation:
(Name:……..……)		(Name:……..……)
Member		**Chairperson**
External Examiner		Viva-voce board

Forwarded by:	
	Head of Department/ School

10. Action at SACD :

The result of the above scholar is recommended by viva-voce board under provision granted under clause (14.6) of PHD RR 25. Accordingly, the scholar may now be:

a. Declared as eligible for the award of PhD degree with effect from the date of successful viva-voce examination.

b. Granted another chance to re-appear for the viva-voce examination.

Additional Remarks, if any:

Superintendent, SACD **Associate Dean, AA, SACD**

(Forwarded this form along with respective scholar file & placed to ODAA/Chairperson, Senate)

11. Action at ODAA :

Upon fulfillment of essential requirements, the scholar …… bearing Roll No. …….. from Department / School of ……..…… may be declared eligible for award of Doctor of Philosophy by Chairperson, Senate under provision granted under clause (14.6.4) of PHD RR 25.

Recommendations/ Remarks, if any:

Dean, Academic Affairs

12. Action at ODIR :

Upon the above submission and proposal, in exercise to powers vested by me as Chairperson, Senate, the recommendations of the viva-voce board are approved and I hereby declare that the above research scholar is eligible for award of Doctor of Philosophy under provision granted under PHD RR 25 of the institute. The Provisional Degree Certificate (PDC) be issued.

Recommendations/ Remarks, if any:

Chairperson, Senate & Director
NIT Andhra Pradesh

13. Action at ODAA :

Upon the approval of Chairperson, Senate the Provisional Certificate be prepared for issue.

Remarks, if any:

Dean, Academic Affairs

Form retained in respective scholar file
Personal File sent to SACD from ODAA
Provisional Degree Certificate shall be prepared by SACD for issue

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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** *(details with reference to Form 1)*	**:**	
7.	**Name & Dept. of Supervisor**	**:**	
8.	**Registration Details**		
a.	**Number of semesters lapsed** *(till date)* **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

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No. NITANP/ Date:

COURSE REGISTRATION FORM
(Only for scholars opting for course work)

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Mode of study**	**:**	Full-Time/ Part-Time
4.	**Department**	**:**	
5.	**Name & Dept. of Supervisor**	**:**	
6.	**Semester Registration Details**		
a.	**Date of semester registration**	**:**	
b.	**Fee paid**	**:**	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**	**:**	

7. Status of Course Work:

Preceding Degree before admission to PhD programme		
Credits to be earned as a part of course work under clause (14.1.1) satisfying clause (14.1.6)	**(A)**	
Valid Credits earned as a part of course work till date	**(B)**	
Credits in balance to fulfill the essential course work	**C=A-B**	
Credits registering in current semester	**D**	

8 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 am aware that I must abide to all Ph.D rules and regulations 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

9. List of courses registering In Current Semester:

S. No	Course Code	Name of the Course	Regular/ Self Study/ MOOCS	Credits

10. Recommendation of respective DSC

(Name:……..……)	(Name:……..……)	(Name:……..……)
Member and Convenor	**Member**	**Internal Member** – 1
Supervisor	Co-Supervisor	Dept:
(Name:……)	(Name:……)	(Name:……)
Internal Member – 2	**External Member**	**Chairperson, Respective DSC**
Dept:	Dept:	Dept:

11.	**Action at SACD**	**:**	The course registration of the above scholar may be accepted as recommended by respective DSC as per clause (14.1) of PHD RR 25.
Recommendations/ Remarks, if any:			
Superintendent, SACD			**Associate Dean, AA, SACD**

12.	**Action at ODAA**	**:**	The proposal is as per the clause (14.1) of PHD RR 25.
Recommendations/ Remarks, if any:			
			Dean, Academic Affairs

Form retained at SACD in respective scholar file

Consolidated list of all respective scholars registered for the courses will be sent after closing the date of course registration to those departments to conduct evaluation

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No. NITANP/ Date:

MONTHLY PROGRESS REPORT FOR THE RELEASE OF FT-HTTA / HTPA / HTSA

I hereby submit the following details with a request to release by monthly scholarship.

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Funding Agency**	**:**	NIT Andhra Pradesh / Project / Other
4.	**Category and Status of fellowship**	**:**	FT-HTTA / HTPA / HTSA and JRF / SRF
5.	**Department**	**:**	
6.	**Ongoing semester for the scholar**	**:**	I / II / III / IV / V / VI / VII / VIII / IX / X / Extended
7.	**Claiming month & Year**	**:**	…….…….. & ……..……..
8.	**No. of leaves availed during this claiming month**	**:**	CL: ……..…..… and/or ML: ……

Signature of scholar with date

9. Report of supervisor *(Tick the relevant)***:**

☐	**I**	Satisfactory
☐	**II**	Unsatisfactory and warned the scholar as first notice in the current semester.
☐	**III**	Unsatisfactory in two consequent months and warned the scholar as second notice in the current semester.
☐	**IV**	The monthly performance is unsatisfactory in three consequent months, and a non-recoverable half of the scholarship is only recommended until subsequent semester registration.

Supervisor of above scholar

In case of III & IV above, a meeting of DSC shall be conducted and recommend with signature of consent on overleaf.

10. Remarks, if any:

The duties assigned by the department and institute are discharged by the scholar. The Claimed attendance is matching with the record.	
Head of Division *(in case of DSOS/DSHM)*	**Head of Department/ School**

Form sent at SASS

Form retained at SASS and consolidated statement of all scholars shall be prepared and placed to SACD

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No. NITANP/ Date:

SEMESTER PROGRESS REPORT (SPR)

I hereby submit that I have attended the SPR as scheduled by the department/school and presented my progress of research work carried in the semester as follows.

1.	**Name of the Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Funding Agency**	**:**	NIT Andhra Pradesh / Project / Other
4.	**Category and Status of fellowship**	**:**	FT-HTTA / HTPA / HTSA and JRF / SRF
5.	**Department**	**:**	
6.	**Ongoing semester for the scholar**	**:**	I / II / III / IV / V / VI / VII / VIII / IX / X / Extended
7.	**SPR of Academic Year**	**:**	
8.	**SPR of Semester**	**:**	Even / Odd
9.	**Date of SPR**	**:**	
10.	**Is there any unsatisfactory report obtained in any of the earlier semester(s)**	**:**	Yes / No
11.	**If Yes at S. No. 08, details**	**:**	

Signature of scholar with date

RECOMMENDATIONS OF DOCTORAL SCRUTINY COMMITTEE (DSC)			
12.	**Result of SPR**	**:**	**SATISFACTORY / NOT SATISFACTORY**
Remarks, if any & Reasons in brief, if report is Not Satisfactory			

(Name:……)	(Name:……)	(Name:……)
Member and Convenor	**Member**	**Internal Member** – 1
Supervisor	Co-Supervisor	Dept:
(Name:……)	(Name:……)	(Name:……)
Internal Member – 2	**External Member**	**Chairperson, Respective DSC**
Dept:	Dept:	Dept:

Forwarded by:	
Respective Divisional Head/ Coordinator	**Head of Department/ School**

13.	**Action at SACD**	**:**	The result of the above scholar is recommended by DSC under provision granted under PHD RR 25. Accordingly, the scholar may now be: **a.** May be allowed to register for subsequent semester **b.** May be terminated upon TWO successive unsatisfactory under clause (11.2.4) **c.** May be terminated FOUR times unsatisfactory under clause (11.2.4)
Additional Remarks, if any:			
Superintendent, SACD			**Associate Dean, AA, SACD**

Form retained at SACD in respective scholar file.
A consolidated order to declare the result of SPR shall be issued by SACD.
Consolidated result order of SPR sent from SACD to SASS to enable subsequent semester registrations.
Consolidated list of students proposed for termination is placed by SACD to ODAA.

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No. NITANP/ Date:

APPLICATION FOR CASUAL LEAVE (CL)/ MEDICAL LEAVE (ML)

Name of the Applicant & EC No.				
Designation & Department				
Nature of Leave Required: (In case of ML, attach relevant valid medical certificates for sanction)	CL/ ML	दिनों की संख्या/ No of days:		
	से/ From:	तक/ To:		
Sunday and Holiday, if any, proposed to be prefixed/suffixed to leave	छुट्टी से पहले/ Prefix	से/ From:	तक/ To:	दिनों की संख्या/ No.of days:
	छुट्टी के बाद/ Suffix	से/ From:	तक/ To:	दिनों की संख्या/ No.of days:
Purpose				
Alternative arrangement details				
Address during the leave	संपर्क नं/Phone No			

Signature of the Applicant with date

<u>संबंधित विभाग/कार्यालय के उपयोग हेतु/ For use by the Respective Department/ Office</u>

Note:

i. In each block: 8 Casual Leave (**Block 1**: 01-Jan to 30-June, **Block 2**: 01-July to 31-Dec), 16 Medical Leave per calendar year. Casual leave will not be allowed for more than 5 days at a time.
ii. Any leaves not availed in a block shall be lapsed and does not carry to future.
iii. In case a scholar joins the institute in between a block period he/she entitled leaves shall be rational.

पहले ही उपयोग किए गए दिनों की संख्या/ No. of days already availed	दिनांक के अनुसार शेष/ Balance as on date	आवेदन किया गया दिनों की संख्या/ No. of days Applied for	शेष राशि/ Remaining Balance

संबंधित **सहायक/ Respective Dealing Assistant**

अनुमोदित/ अनुमोदित नहीं: Approved/ Not Approved

Signature of the Supervisor

Signature of the HoD

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No. NITANP/ Date:

REQUEST BY STUDENT FOR PRESUMED ATTENDANCE

1.	**Name of the Student/ Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Month & Year of Admission**	**:**	
4.	**Year of Study**	**:**	**I / II / III / IV**
5.	**Semester**	**:**	Even / Odd
6.	**Programme**	**:**	B.Tech. / M. Tech. / Ph.D
7.	**Branch of Study**	**:**	
8.	**Department**	**:**	
9.	**Purpose of request for presumed attendance**	**:**	
10.	**Place of visit**	**:**	
11.	**Proposed period of presumed attendance**	**:**	

12. Status of academic record:

a.	What is the CGPA as on date	
b.	Whether all the courses are passed till date	**Yes / No**
c.	In case of No above, number of backlogs including 'R' Grade	

13. Status of current semester attendance and examination record:

a.	Have you been granted provision of presumed attendance in the current semester	**Yes / No**
b.	If Yes, Number of days granted for presumed attendance	
c.	Balance available to grant presumed attendance	
d.	Whether any scheduled examinations / evaluations / class tests are falling in the proposed requisite period of presumed attendance?	**Yes / No**
e.	Do you ensure that the minimum attendance requirement is satisfied / fulfilled for all the courses in the current semester	**Yes / No**

14. Declaration by scholar:

I hereby request the competent authority to sanction the presumed attendance for the requisite days for the purpose laid above. It is my sole responsibility that I maintain my attendance to the fulfil for appearing the examinations for all courses registered in the current semester. The above information is correct and true.

Scholar Signature with Date

15.	**Recommendation of Forwarding Authority:**	
The student may be allowed for granting presumed attendance for all the requisite days		
(Name)	(Name)	(Name)
Class coordinator	**Programme Coordinator**	**Head of Department**
Respective Dept.	Respective Dept.	Respective Dept.

16.	**Comments of Recommending Authority:**		
The student was selected for the purpose of participation and presumed attendance may be granted.			
(Name)	(Name)	(Name)	(Name)
Associate Dean, SW, CPES	**Associate Dean, SW, SDCA**	**Associate Dean, SW, CLTP**	**Associate Dean, AA, SACD**
Purpose: Sports, Games, NSS, NCC	Purpose: Technical, and Cultural festival	Purpose: Interview arranged through Training & Placement cell	Purpose: To attend/ participate in Seminar, Workshop, Conference etc.

17.	**Action at SACD**	:	There are no mid / end semester examinations during the requisite period of presumed attendance. Whereas any other evaluations / class tests at the level of department is sole responsibility of the student.
Recommendations/ Remarks, if any:			
Office Assistant			**Associate Dean, AA, SACD**

18.	**Action at ODAA/ ODSW / ODSR**	:	The request for sanction of presumed attendance for the period of …….. to ……. for …… no. of days is **Approved/ Not Approved**
Recommendations/ Remarks, if any:			
Office Assistant			**Dean, Academic Affairs / Student Welfare / SCAIR**

Form sent to respective department to communicate the matter with all relevant course instructors to grant presumed attendance

CC sent to SACD incase a re-examination/ reschedule of examination is essential

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No. NITANP/ Date:

APPLICATION FOR APPROVAL OF REMOTE WORKING UNDER COLLABORATIVE RESEARCH PROGRAMME/ ACTIVITY (only for FULL-TIME RESEARCH SCHOLARS)

1.	**Name of the Student/ Scholar**	**:**	
2.	**Roll Number**	**:**	
3.	**Month & Year of Admission**	**:**	
4.	**Year of Study**	**:**	**I / II / III / IV / V**
5.	**Semester**	**:**	Even / Odd
6.	**Programme**	**:**	Ph.D
7.	**Department**	**:**	
8.	**Funding Agency**	**:**	NIT ANP/ Externally sponsored project/ Other If other, ……..
9.	**Name of proposed host work place**	**:**	
10.	**Name of Co-supervisor/ Mentor at host work place**	**:**	
11.	**Designation of Mentor at host work place**	**:**	
12.	**Tentative topic of ongoing research**	**:**	
13.	**Details of the proposed workplace how it is relevant to your ongoing research**	**:**	YES/ NO *(Attach a copy with atleast 250 words with attestation by scholar along with supervisor & co-supervisor)*
14.	**Detailed proposal enumerating the essentiality and targets for remote working**	**:**	YES/ NO *(Attach a copy with atleast 500 words with attestation by scholar along with supervisor & co-supervisor)*
15.	**Details of proposed outcomes of the remote working**	**:**	YES/ NO *(Attach a copy with atleast 250 words with attestation by scholar along with supervisor & co-supervisor)*
16.	**Copy of the permission letter from the host work place**	**:**	Attach relevant copy with attestation by scholar and supervisor(s)
17.	**Whether any financial assistance granted for the assignment at proposed work place?**	**:**	Yes / No If Yes, Rs. ……. per month
18.	**If 'No' at S. No 17, Do the scholar need financial assistance from the existing funding agency during the remote working?**	**:**	Yes/ No
19.	**Date of DSC Meeting and presentation by scholar before DSC for the proposal of remote working**	**:**	

20. Status of previous record and Comprehensive examination:

a.	Preceding Degree before admission to PhD programme	
b.	Date of successful completion of comprehensive examination/ seminar	
c.	Semesters completed (till date) for the scholar counting from the date of joining	
d.	Semesters completed (till date) for the scholar excluding unregistered semesters, if any, counting from the date of joining	**Yes / No**

21. Status of previous remote working record:

a.	Maximum number of months allowed for remote working under collaborative research in complete tenure of the scholar within three years from the date of successful completion of comprehensive examination is	**12 months**
a.	Have you been granted provision of remote working previously	**Yes / No**
b.	If yes, period granted for remote working and attach the relevant order	
c.	Balance available	
d.	Whether any scheduled evaluations / Semester Progress Review are falling in the proposed requisite period of remote working as per calendar?	**Yes / No**

22. Declaration by scholar:

I hereby request the competent authority to sanction the remote working for the requisite period for the purpose laid above. It is my sole responsibility that I maintain my attendance and appear of all such evaluations and semester progress review presentations physically to fulfil rules and regulations as per PHD RR 25 regulations. The above information is correct and true.

			Scholar Signature with Date

23.	**Recommendation of respective DSC:**		
a.	Reference communication for conveying meeting of DSC by supervisor/ Chairperson, DSC to examine the proposal of scholar	**:**	

The scholar submission of the following items is duly verified during the proposal presentation:

a) Tentative topic of ongoing research
b) Details of the proposed workplace how it is relevant to your ongoing research
c) Detailed proposal enumerating the essentiality and targets for remote working
d) Proposed outcomes of the remote working
e) Copy of the permission letter from the host work place

The proposal of remote working is essential to the scholar due to technical reasons and he/she may be permitted for remote working under collaborative research programme/ activity under clause (25) of PHD RR 25. The DSC shall periodically ensure the performance of the scholar, if essential time to time, during the scholar stay during remote working.

(Name:……)	(Name:……)	(Name:……)
Member and Convenor	**Member**	**Internal Member** – 1
Supervisor	Co-Supervisor	Dept:
(Name:……)	(Name:……)	(Name:……)
Internal Member – 2	**External Member**	**Chairperson, Respective DSC**
Dept:	Dept:	Dept:

24.	**Action at SACD**	**:**	The request is within the maximum permissible sanction of remote working. Hence, the request of the above scholar may be accepted as recommended by respective DSC as per clause (25) of PHD RR 25.
Recommendations/ Remarks, if any:			
Superintendent, SACD			**Associate Dean, AA, SACD**

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

Form retained at SACD in respective scholar file

An order sanctioning the remote working shall be issued by SACD/ODAA

The copy of the order must be dispatched to SASS for necessary records to process monthly financial assistance of the scholar.