**FORM-IX**

 **TEZPUR UNIVERSITY**

 ***(Application Form for Re-registration)***

 ***(To be filled in by the student)***

1. Name, Roll No. and ABC ID :
2. School:
3. Department:
4. Category (please tick): Full time/Part Time/Sponsored/Project Fellow
5. a) Name of Supervisor:

b) Name of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of admission:
2. Date of submission of Research Plan: Semester No. \_\_\_\_\_\_\_\_\_\_\_ Year
3. Title of the work:
4. Justification for the Re-registration sought:

Forwarded by Supervisor Signatur of Student

 Dated :

Signature

Date:

 Signature of DC members (other than the supervisor) :

1.

2.

3.

|  |
| --- |
| For Office Use only |
| **Recommended by Chairman, DRC/CRC**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sig. Date **Approved by, AC vide resolution No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_****Chairman, AC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Sign. Date.  |