|  |
| --- |
| **MALAVIYA NATIONAL INSTITUTE OF TECHNOLOGY JAIPUR**  **FORMAT FOR CONVERSION FROM FULL TIME TO PART TIME IN M.TECH./Ph.D. FROM \_\_\_\_\_\_ SEMESTER DURING THE ACADEMIC SESSION 20\_\_\_\_** |

**PART A**

**TO BE FILLED BY THE STUDENT**

1. Name of the Candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Specialization/Ph.D. topic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Email ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Year of registration as full time candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Type: Sponsored/Self Finance/Institute Assistant/QIP/TEQIP Assistantship/JRF/SRF Assistantship from other sources (Please √)

9. Reason of conversion from Full time to Part time: employment/other: (Please √ the relevant). In case of employment furnish the following details:

1. Name of Employer
2. Date of appointment
3. Attach appointment and joining letter
4. NOC from the employer permitting the student to continue in Part time M.Tech./Ph.D. programme.
5. Academic performance.
6. If awarded Ph.D. candidacy (applicable to Ph.D. students if so date of award\_\_\_\_\_\_)
7. If the course work has been completed (furnish details)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Semester** | **Session** | **Course Code** | **Title** | **Credit** | **Grade** | **Overall CGPA** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Furnish the details of back log courses if any.

**Date: \_\_\_\_\_\_\_\_\_\_\_ Signature of the student**

**PART-B FOR OFFICIAL USE (DEPARTMENT)**

Recommendation of the Supervisor; Recommended/Not recommended for conversion from full time to part time

**Date: \_\_\_\_\_\_\_\_\_\_\_\_ Signature of Supervisor**

Recommendation of DPGC Convener; Recommended/Not recommended for conversion from full time to part time.

**Signature of Convener DPGC**

**PART-C FOR OFFICIAL USE (ACADEMIC SECTION)**

**Dealing assistant (Academic Section) to verify the records. Signature**

**Remarks & Signature of Associate Dean (PG)**

**Approved/Not approved for conversion from Full Time to Part Time.**

.**Dean, Academic Signature of Chairman SPGB**