



# National Institute of Technology, Silchar

## Ph.D. FELLOWSHIP ENHANCEMENT- EVALUATION REPORT (For students appearing Enhancement after 01-01-2019)

Name of the Student	
Registration No.	
Date of Admission	
Date of Award of Fellowship	
Nature of Registration (Regular-A /Visvesvaraya)	
Department	
Nature of Assistantship/ Fellowship (CSIR/UGC/MHRD/DST/Visvesvaraya etc.)	
Date of the Registration Seminar	
Seminar/workshop/conferences attended if any (attach supporting documents)	
Publications if any (attach supporting documents)	
Date of assessment ( <i>maximum of two attempts</i> )	First attempt
	Second attempt
Present amount of fellowship (in Rs.)	
Enhanced amount of fellowship (in Rs.)	
Working mobile phone no of the student	+91-

Note: Detailed report to be enclosed.

Date:

Signature of the student

Committee Recommendation\* (*strike out whichever is not applicable*)

1. Recommended / Repeat / Not Recommended for fellowship enhancement .....
2. Justification (*for Repeat/ Not Recommended*):

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3. Date of effect for enhancement:

**Signature of the Committee members**

Name  
Chairperson

Name  
Member

Name  
Member

Name  
Ext. member

Name  
Cosupervisor/Jt.  
Supervisor and  
member

Name  
Supervisor and  
member

Forwarded to Dean (R & C)

Signature of the Chairman, DPMC