



NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR
Evaluation Report: Ph.D. FELLOWSHIP ENHANCEMENT
(For Ph.D. students with Institute Assistantship)

Name of the student	:	
Registration No.	:	
Date of Admission	:	
Nature of Registration	:	
Department	:	
Date of the Registration Seminar	:	
Seminar/workshop/conferences attended if any (attach supporting documents)	:	
Publications if any (attach supporting documents)	:	
Date of assessment	First attempt	:
	Second attempt	:
Present amount of fellowship (in Rs.)	:	
Enhanced amount of fellowship (in Rs.)	:	
Recent mobile phone no. of the student	:	+91-

Date

(Signature of the student)

Recommendation of the DC* *(strike out whichever is not applicable)*

1. Recommended / Not Recommended for fellowship enhancement
2. Justification: *(if not recommended)*

3. Date of effect for enhancement:

Signature of the members of Doctoral Committee

(Name)	(Name)	(Name)	(Name)	(Name)
Chairman	Member	Member	Co-Supervisor	Supervisor

Forwarded to Dean (R & C)

Signature and seal of the Head of the Department