

# APPLICATION FORM FOR ASSISTANTSHIP RENEWAL UNDER TEQIP-II



## TEQIP-II NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR SILCHAR-788 010 (ASSAM)

|                                 |  |
|---------------------------------|--|
| <b>Programme: (M.Tech/ MSc)</b> |  |
|---------------------------------|--|

|     |   |  |
|-----|---|--|
| 1.  | Name of the Student   |  |
| 2.  | Registration No.  |  |
| 3.  | Current Semester.   |  |
| 4.  | Date of Registration in Current Semester<br><b>(Attach xerox copy of Registration proof)</b>                            |  |
| 5.  | SPI (1 <sup>st</sup> Sem)/ CPI (2 <sup>nd</sup> Sem)/ CPI(3 <sup>rd</sup> Sem )<br><b>(Attach xerox of grade sheet)</b> |  |
| 6.  | Category:(Gen/SC/ST/OBC)<br><b>(Attach proof if belong to SC or ST)</b>   |  |
| 7.  | Have you ever FAIL in any subject?<br>If YES give details.  |  |
| 8.  | Whether your Current Semester Registration as Regular or Part Time Student?   |  |
| 9.  | Have you performed the duties assigned to you as per Assistantship norms.   |  |
| 10. | Have you availed total leave more than 30 days in an academic year? If YES give detail with proper reason.              |  |
| 11. | Is any disciplinary action taken by the Institute Authority against you? If YES give detail.                            |  |

### Declaration

I hereby declare that the entries made in this application form are correct to the best of my knowledge and belief. I promise to abide by the rules and regulations of the Institute and TEQIP-II as amended from time to time. I note that the decision of the Institute/TEQIP-II is final in regard for renewal of the assistantship.

Place :

Date :

Full signature of the applicant

### Recommendation

|                                       |                     |
|---------------------------------------|---------------------|
| Recommendation by the HOD             | Signature:<br>Date: |
| Recommendation by the Dean (Academic) | Signature:<br>Date: |

### For TEQIP Office Use

|                 |  |    |
|-----------------|--|----|
| Scrutinized by: | 1:   | 2: |
| Recommended by: | Date: <span style="float: right;">Coordinator, TEQIP-II</span> |    |
| Approved by:    | Director   |    |