



राष्ट्रीय प्रौद्योगिकी संस्थान नागालैंड
NATIONAL INSTITUTE OF TECHNOLOGY NAGALAND
Chumukedima, Dimapur
Nagaland-797 103

Form NITN/ Research & Consultancy /PHD/20

Ph.D - Research Scholar- Half-Time Teaching Research Assistantship (HTRA) sanction form (Monthly)

Name of the Research Scholar: _____

Registration No.: _____ Name of the Department: _____

Name of the Research Supervisor _____

Month and year for which stipend will be released: _____

Bank Account No.:

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Name of the Bank: _____

Signature of the Scholar

To be filled by the Supervisor

No. of Attendance: _____ (26th of _____ to 25th of _____ in year 20____)

Table: With load distribution

Sl. No.	Week	Assigned Work Load	Total Hours	Signature of Supervisor
1.	Week 1			
2.	Week 2			
3.	Week 3			
4.	Week 4			

Verified as per the departmental records (attendance photocopy attached) _____

Signature of the HOD

FOR OFFICE USE ONLY

The stipend of the Research Scholar Name _____ with Register number _____ from the department of _____ is _____ (Sanctioned /Not Sanctioned) with the amount of Rs. _____ for the month of _____ in year _____.

Signature of the Dean (R&C)