

PRE-REGISTRATION FORM: PART I

1. Name of the QIP Research Scholar:
2. Designation:
3. College Address:
4. Address for Correspondence:
5. Telephone /Telex:
6. Department where selected
for research under QIP:
7. Whether sponsorship certificate
has been submitted:
8. Whether letter from the Principal
showing that you will be relieved
for registration in July has
been submitted:
 - (a) Date of arrival: _____
 - (b) Date of Departure: _____

Signature: _____

Date: _____

For Office Use Only

Verified and found correct

Office of QIP Coordinator

Dated:

PRE-REGISTRATION FORM: PART – II

1. Name of the QIP Scholar _____
2. Name of the Parent Institutions _____
3. Name of the Research Guide and Deptt. _____
4. Area of Research _____

5. Visit Number :
6. Date of arrival at this Institute :
7. Date of departure for this visit from this Institute :
8. Proposed plan of visits :

Visit No.	Duration	
	From	To
First visit		
Second visit		
Third visit		
Fourth visit		

9. Indicate what was accomplished during this visit (Brief report)

(Signature of QIP Scholar)
Date:

(Signature of Research Guide)
Date:

Signature of Head of Department
Date: