



INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES) DHANBAD
OFFICE OF THE DEAN (ACADEMIC)

APPLICATION FOR CONVERSION OF M.TECH PROGRAM FROM FULL TIME TO PART TIME

(Application Form to be submitted to the DPGC Convener/HoD of the respective department)

Academic Session		Monsoon/Winter	Academic Year	20__-20__	
1.	Name of Student: (Block letters)				
2.	Admission No.		Department		
3.	Program		Branch		
4.	Institute Email ID		Contact Number		
Academic Record (Current Grade Sheet to be attached)					
5	Semester			CGPA	
7	All prescribed courses of 1st year have been cleared:	Yes		No	
	Backlog, if any	Failed Backlog		Course Dropped	
8	Name of the Supervisor/Guide				
9	Email ID of the Supervisor/Guide				

Undertaking: I am going to convert my M.Tech Program from full time to part time on my own accord. Before submitting the application form for the same **I have read carefully all the terms and conditions** to be fulfilled and the guidelines as laid down for the Conversion of M.Tech program into part time.

After going through the prescribed terms and conditions which have to be fulfilled, I do hereby declare that if I failed to submit the NoC in original, issued from the competent authority of the Organisation/Institution where I join the job, I will not demand for my original degree certificate from the Institute.

Further, I undertake that, I will not be eligible for getting Institute's Financial Assistantship after provisional/confirm conversion of my program from the date of application or joining the job, whichever it may come first.

Date: _____

(Signature of Student)

Recommendation of the concerned Department

Recommendation of Supervisor/Guide of the Student:	
Remarks _____	
Date: _____	_____ (Supervisor/Guide)
Recommendation of Convener, DPGC:	
Date: _____	_____ (Convener, DPGC)
Recommendation of Head of the Department:	
Date: _____	_____ (HoD)

Documents to be attached:

1. Job Offer/ Appointment Letter.
3. Grade sheet.
2. NoC (In Original, if available) from the Competent Authority of his/her Organization/Institution.

FOR OFFICE USE ONLY			
VERIFICATION: All the eligibility criteria for conversion of M.Tech program into part time have been fulfilled by the student: YES / NO			
Provisional, If NoC not submitted:		Confirm, If NoC submitted:	
Checked and verified by Office of Dean(Academic) Remarks, if any: _____ <div style="display: flex; justify-content: space-between;"> Date: _____ (Dealing Assistant) </div>			
FORWARDED/ NOT FORWARDED <div style="display: flex; justify-content: space-between;"> Date: _____ ASSISTANT REGISTRAR(PG) </div>		RECOMMENDED / NOT RECOMMENDED <div style="display: flex; justify-content: space-between;"> Date: _____ ASSOCIATE DEAN(PG) </div>	

Approved / Not approved

Dean (Academic)

Date: _____