

INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI
ACADEMIC AFFAIRS SECTION

Form for Reinstatement Appeal

Form No: Gen/21A

(If a student wants to appeal for reinstatement, he/she must submit this form at the **respective department/centre**)

To,
Chairman, Senate

Date of Appeal:

Justification for reinstatement appeal by the student must be given below, mentioning reasons for unable to complete the pending academic requirement.

Student's Signature

Student's Name:

Student's Roll No:

Academic Department/Center :

Student's Emailid:

Contact Mobile No:

Month and Year of First Registration/Joining of Ph.D. Program:

Month and Year of Latest Registration (Date):

Name(s) of Supervisor(s): 1.

2.

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14. Time Line for completion of pending academic requirement:

I request you to kindly grant me (till above mentioned date) to complete my pending academic requirement. Also kindly grant me permission for registering the semester after completion of my pending requirement.

Date:

Signature of the Ph.D. Student

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Form No:

Student's Name:

Student's Roll No:

Part-B: To be filled by Thesis Supervisor(s), Chairperson-DC and DPPC, etc

Brief comments and recommendations by the Thesis Supervisor(s) & DC:

Recommended / Not Recommended

Supervisor 1

Supervisor 2

DC Member1

DC Member2

Chairperson, DC

Brief comments and recommendations by DPPC/CPPC

Recommended / Not Recommended

Member Secretary, DPPC/ CPPC

Chairperson, DPPC/ CPPC

Recommended / Not Recommended

Vice-Chairman/ Chairman of IPPC _____

Decision of the Chairman, Senate:

APPROVED / NOT APPROVED

Signature of the **Chairman, Senate:** _____

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The department/ center is requested to give this page of acknowledgement to the student after signing.

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Form No:

Student's Name:

Student's Roll No:

Acknowledgement

This is to acknowledge the receipt of reinstatement appeal of the student with above mentioned details.

Date:

Signature of Dealing/ Receiving Official

Name of Dealing/ Receiving Official:

Department/ Center of _____