## PRE REGISTRATION FORM : PART II
(To be submitted with in ten days of the first visit)

### Name of the QIP Scholar

### Name of the parent Institute

### Name of the Research Supervisor

And Department/Centre (Provisional)

### Problem/Area of Research

### Date of Arrival at this Institute

### Date of Departure from this Institute

### Proposed plan of visit:

#### Visit No.

<table>
<thead>
<tr>
<th>Visit No.</th>
<th>From</th>
<th>to</th>
<th>... days</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Visit</td>
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<tr>
<td>Second Visit</td>
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<td>Third Visit</td>
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<tr>
<td>Fourth Visit</td>
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</tbody>
</table>

Indicate what was accomplished during this visit (brief report)

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(Signature of QIP Scholar)  
(Signature of research Guide)

Dated ........  
Dated ........

Head of the Department