

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.

First Visit	From	to days
Second Visit	From	to days
Third Visit	From	to days
Fourth Visit	From	to days

Indicate what was accomplished during this visit (brief report)

(Signature of QIP Scholar)

(Signature of research Guide)

Dated

Dated

Head of the Department