

**Format for pre-registration form (to be taken in duplicate, one for dept and one for ARD)**

BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE PILANI, PILANI CAMPUS

DEPARTMENT OF \_\_\_\_\_

FIRST/SECOND SEMESTER (20 - 20 )

Pre-registration form for FDTs/HDD

Date: \_\_\_\_\_

Name of the Student \_\_\_\_\_

ID No. \_\_\_\_\_ Discipline \_\_\_\_\_

No. of units intending to register for (9 to 16): \_\_\_\_\_

Broad area/title of the dissertation (brief): \_\_\_\_\_

\_\_\_\_\_

E-mail ID: 1. BITS email ID \_\_\_\_\_

2. Non-BITS email ID \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact details of the Supervisor:

Name \_\_\_\_\_

Address (if off-campus): \_\_\_\_\_

E-mail id: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact details of Co-supervisor/Mentor (if any):

Name: \_\_\_\_\_

E-mail id: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of the Student

Signature of the Supervisor/Co-supervisor/Mentor

\* Co-supervisor from BITS is mandatory for Off-campus FDTs/HDD