

Format for pre-registration form (to be kept in department)

**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE PILANI, PILANI CAMPUS**

**DEPARTMENT OF PHYSICS**

FIRST/SECOND SEMESTER (20    - 20    )

Pre-registration form for FDTs/HDD

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

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

ID No. \_\_\_\_\_ Discipline: **PHYSICS**

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