

## CSIR OSDD M.Sc. OUTREACH PROGRAM 2013

### REGISTRATION FORM

Name (CAPITAL LETTERS)			
Course in which studying		Sex	
Name of the College		Year of Study	
University			
Marks obtained in the B.Sc <i>(Attested copies of the marklists to be attached)</i>		Marks	Percentage
	Main		
	Subsidiary 1		
	Subsidiary 2		
	Total		
Marks obtained in M.Sc <i>(Attested copies of the marklists to be attached)</i>		Marks	Percentage
	First Semester		
	Second Semester		
Whether registered in OSDD			
Residential Address	Address (College)		
Tel. No:	Mobile No:	Email id:	
Name of teacher Guide			
Tel. No:	Mobile No:	Email id:	

I .....(Name), S/o, D/o ..... (Name of Parent) studying for ..... (Course) in .....(College/University) intend to join NIIST, Trivandrum for doing my M.Sc. Dissertation work under the CSIR OSDD Outreach Program 2013. I shall abide by all the rules and regulations of NIIST and CSIR-OSDD, if I am selected for the Program.

Date:

Name & Signature

This is to certify that Mr./Ms. ....,  
whose signature is given below, is a student of  
.....(*name of the college*), studying .....  
Semester M.Sc. ....course. He/She may be permitted to  
undergo M.Sc. Project work under the OSDD-M.Sc. outreach program, in NIIST  
Trivandrum.

Name & Signature of the **Student**

Name & Signature of the **Teacher Guide**

Name & Signature of the **Head**

Name &Signature of the **Principal**

(SEAL)