

Break-in Studies

Full name		
S.R. No.		Unit:
Date of degree registration		
Degree registered for		
Thesis Supervisor(s)		
Current Semester/Year		

Status of Thesis (Chapter wise)

Reasons for Break-in Studies: Job* ☐ Medical** ☐

(Tick appropriate)

Details of the last GSAC Meeting held (if you have ticked “Job”, enclose copy of duly filled and signed GSAC Form 5)

I undertake to follow the norms of the Centre for rejoining and after rejoining.

Signature of the student

Date:

Signature(s) of Thesis supervisor(s)
with remarks, if any:

Signature of the Unit Chair
Recommendation with remarks, if any:

Date:

Approval of the President

Date:

President

*To enclose a request letter for break-in studies addressed to the Thesis Supervisor, along with the copy of the offer letter received.

**To enclose documents certified by CMO, JNCASR.

Note: For fees/fellowships and the terms of rejoining norms, see Student Guidelines