INDIAN INSTITUTE OF ENGINEERING SCIENCE AND TECHNOLOGY, SHIBPUR
[Formerly Bengal Engineering and Science University, Shibpur]
P.O.Botanic Garden, Howrah - 711103, West Bengal, India.

No. 1810/Exam   Date: August 14, 2020

NOTICE

The following is the schedule for deposition of fees for the Semester Registration of odd semester (Academic Session 2020-2021) for **all Research Scholars who have taken admission in 2019-2020 academic session of this Institute.**

Details of fees payable

COURSE	Tuition Fee (Rs.)	Infrastructure Maintenance Fee. (Rs.)	Research Scholar Activity Fee (Rs.)	Total (Rs.)	Semester Registration Date
Ph.D	7,500/-	1000/-	NIL	8,500/-	14th -23rd August 2020

The Semester Registration fees should be deposited at the Bank Counter (UCO BANK, BESUS BRANCH) or online.

Bank details are given below:

ACCOUNT NAME:	**IIEST, SHIBPUR -STUDENTS FEE**
Bank Name: UCO Bank	**Branch name: BESU Branch**
MICR No.: 700028178	**IFSC Code: UCBA0002369**
Account Type: Savings Account	**Account Number: 23690110000489**

A form of Semester Registration for Ph.D scholars is attached herewith. Students are requested to send mail to the Assistant Registrar (Academic) at arssb@iiests.ac.in with the money receipt and filled-in form latest by August 23, 2020.

This is issued with the approval of the competent authority.

Sd/-
Shib Sankar Basak
Assistant Registrar (Academic)

No. 1810/1(10) Exam   Date: August 14, 2020

Copy forwarded for information and necessary action to:

1. PS to the Director
2. The Dean(Academic)
3. The Dean(Student Welfare)
4. All Heads of the Departments/Schools/Centers
5. The Registrar
6. The Faculty In Charge(ERP Cell)
7. The Deputy Registrar(Academic)
8. The Deputy Registrar(Finance)
9. Student Senate
10. Institute Website

Assistant Registrar (Academic)
IIEST, Shibpur

INDIAN INSTITUTE OF ENGINEERING SCIENCE AND TECHNOLOGY, SHIBPUR
HOWRAH – 711 103

Semester Registration Form for Ph.D Scholars(Odd Semester) 2020-2021
[The scholars those who admitted in 2019-2020 Academic Session]

NAME _____

ENROLLMENT NO _____ DEPARTMENT/SCHOOL/CENTRE _____

CATEGORY(INSTITUTE/CSIR/UGC/SPONSORED ETC) _____

CONTACT PHONE NO(s). _____

NAME OF THE SUPERVISOR(S) (i) _____

(ii) _____

SGPA/CGPA :   CREDIT POINT EARNED :

_____
Signature of the Scholar