

**Maulana Azad National Institute of Technology
Bhopal**

Circular

All members of the faculty are requested to furnish information (**for the academic session 01 July 2016-30 June 2017**) under the following heads (by 18/ 08/2017) for the preparation of the Annual Report (2016-17) of MANIT.:

1. Details of visit to Foreign Countries :(In case of visits related to profession only)

S.No.	Country visited	Period of stay	From	To	Purpose of visit

2. Research activities undertaken

(a) Paper publications in International Journals

S.No.	Name of Author (s)	Title of paper	Name of Journal	Vol. & Issue	Month & Year of publication

(b) Paper publications in National Journals

S. No.	Name of Author (s)	Title of paper	Name of Journal	Vol. & Issue	Month & Year of publication

(c) Paper publications in International Conferences:

S.No.	Name of Author (s)	Title of paper	Name of the Conference	Place	Date & Year

(d) Paper publications in National Conferences:

S.No.	Title of paper	Co-author(if any)	Name of the Conference	Date & Year

(e) Details of M.Tech students guided/Continuing:

S. No.	Name of Supervisor	Name of the Student	Title of the dissertation	Year of registration	Work at institute/QIP centre

3. Details of Ph.D students (Ongoing) :

S.No.	Name of Supervisor (s)	Name of Research Scholar	Title of the dissertation	Year of registration	Work at institute /QIP centre

4. Patents registered/filed (with registration No. & date)

S.No.	Title	Registration No.	Date of Registration

5. Books/Monographs written/under process:

S.No.	Title of the Book/Monograph	Name of Author (s)	ISBN	Name and Place of Publisher	Year of Publication

6. Chapter contribution in Books:

S.No.	Title of the Book/Monograph	Name of Author (s)	ISBN	Name and Place of Publisher	Year of Publication

7. Consultancy works undertaken:

S.No.	Period		Organization	Nature of work	Co consultant, if any
	From	To			

8. Workshops/Seminars/Short Term Courses/Summer Schools/Winter Schools organized

S.No.	Topic of Seminar/ course/ Summer/winter School	Period	No. of participants	Name of the coordinator

	Incharge (s)	ment	Scheme			From (dd-mm-yyyy)	To (dd-mm-yyyy)	Total duration in Years			

11. Membership of Professional Bodies

S.No.	Name of Faculty	Name of Professional Bodies	Grade of Membership	Membership No. with validity

12. Laurels & distinctions, if any:

13. Any other important report/achievements you may like to incorporate:

Copy to: All Members of the Faculty