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FORM – DR1

School ofxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Department of xxxxxxxxxxxxxxxxxxxxxx

Sub: Approval for Doctoral Committee Members-reg.

Name of Research Supervisor :

Recognition No. :

Number of Scholars working at Present:

It is requested that approval may kindly be accorded for the experts from the panel given below as Doctoral Committee members for **Mr/Ms xxxxxxxxx**, Research Scholar (Part Time/ Full Time), Reg.No.xxxxxxxx .

Communication Address of Research Scholar:

Mobile No. :

Email :

Title of Research :

Month and Year of Registration:

Details of Supervisor and DC members:

Name of the Supervisor		Official Designation with Dept.	Contact Details (email, Mobile no etc)
Sl. No.	Name of the External DC Member *	Official Designation with Address	Contact Details (email, Mobile no etc)
(1)			
(2)			
(3)			
Sl. No.	Name of the Internal DC Member	Official Designation with Address	Contact Details (email, Mobile no etc)
(4)			
(5)			

* (Enclose Full Profile & Publications of the members suggested should be given in separate sheets.)

Research Supervisor
Name:
Recognition No.

Remarks: (Mandatory)

Date:

HOD/xxxxxxxx

Remarks: (Mandatory)

Date:

Dean (xxxxxxxx)

Remarks: (Mandatory)

Date:

Dean (Research)

VC's Approval