



**Dr. M. Sundararajan B.E, M.S, Ph.D, M.I.E., MISTE**  
**Dean - Research**

Date:

**Ph.D-DC MEETING APPROVAL FORM**

Name of the Ph.D. Scholar & Reg. No. :

Semester :

Contact Number

:

E-mail id :

DC Meeting No.:

Name of the Supervisor & Guide Ship No.:

Proposed Date\*

Time :

Semester Fee paid on (Date) :

DC Meeting Fee paid on (Date)

Please enclose a copy

Details of DC members attending the DC meeting : (Please include both internal & external members)

S.No	Name	Designation/Dept.& Institution Name/Ph.No/E-Mail	Honorarium
1			
2			
3			
4			
<b>Total Rs.</b>			

[Honorarium for External : Rs.3,000/- (all inclusive)

Honorarium for Internal : Rs. 1000/-]

**Supervisor/Convener**

**Dean R & D**

\*(To be submitted to the office of the Dean-R&D at least 10 working days in advance)