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CENTRE FOR ACADEMIC RESEARCH Date: REQUISITION FOR CONDUCT OF DC MEETINGS Name of PhD Scholar Register Number Name of Supervisor & : Address Name of the Internal Co-ordinator (if any): : First DC Meeting / Confirmation DC Meeting / Purpose of Meeting Extension Meeting / Synopsis Meeting / Viva Voce Proposed Date & Time of Meeting: **Details of DC Members** Member 1 Member 2 Name: Name: Designation: Designation: Address: Address: Mail: Mail: Mobile: Mobile: **External Examiner** (For Comprehensive) Name: **Signature of Supervisor** Designation: Address: Mobile No.: Email: Mail:

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