



CENTRE FOR ACADEMIC RESEARCH

Date :

REQUISITION FOR CONDUCT OF FIRST DC MEETINGS

Name of Ph.D Scholar :

Register Number :

Name of Supervisor & Address :

Name of the Joint Supervisor :
& Address (if any)

Proposed Date & Time of Meeting :

Details of DC Members

Member 1

Name :

Designation :

Address:

Mail :

Mobile :

Member 2

Name :

Designation :

Address :

Mail:

Mobile :

Signature
(Research Supervisor)

Signature
Dean, (R &D)

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