



CENTRE FOR ACADEMIC RESEARCH

Date :

REQUISITION FOR CONDUCT OF CONFIRMATION DC MEETING

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 :

No External Examiner

(For Online Comprehensive)

Signature of Supervisor

Signature
Dean
(Research & Development)

Enclose : Payment Screenshot, MCQ Template & A copy of Course work mark sheet