

Date:.....

PANEL OF DOCTORAL COMMITTEE MEMBERS

| | | |
|---|--|--|
| 1 | Name of the Scholar / Reg.No | |
| 2 | Faculty & Department /E-mail/ Phone Number | |
| 3 | Name of the supervisor / Guideship No. | |
| 4 | Title | |

Proposed Doctoral Committee Members including Supervisor

| S. No | Name with full and correct postal address(PLEASE FILL IN CAPITAL LETTERS ONLY) | Area of specialization |
|-------|--|------------------------|
| 1 | Name: Designation : Department : Address: Phone: E-mail: | |
| 2 | Name: Designation : Department : Address: Phone: E-mail: | |
| 3 | Name: Designation : Department : Address: Phone: E-mail: | |
| 4 | Name: Designation : Department : Address: Phone: E-mail: | |

Supervisor (Signature with Name and Seal)

Dean (R&D)