

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)

Director R&D (Medical)

Dean (R&D)