

ASSIGNMENT OF PH.D. THESIS SUPERVISOR

Department of _____

Name and Roll No. of Student: _____

Phone No. and Email Address: _____

Nature of Fellowship (Institute/External-JRF): _____

Date of joining Ph.D. Program: _____

Area of Specialization: _____

Proposed Area of Research: _____

Details of the Ph.D. Students Currently being Guided by the Proposed Supervisor(s)

Name & Designation of Proposed Supervisor	Total no. of Ph.D. Students		Signature of Supervisor(s)
	Institute Funded	Externally Funded	

Departmental Recommendation

Recommended based on student and faculty choice.

Name of the Supervisor assigned: _____

Name of the Co-supervisor assigned (if any): _____

(Convener, DPGC)_____
(HoD/FIC-Department)**For Use of Academic Section**

The recommendations of the Department were checked and found as per Departmental guideline and hereby submitted for consideration.

Assistant Registrar (Academics)

Approved/Not Approved

Coordinator Academic Affairs