

REQUEST FOR ASSIGNMENT OF PH.D. THESIS SUPERVISOR (PH.D. MANUAL CLAUSE #8.4)

Department of _____

Name of Student: _____

Roll. No.: _____

Phone and email address: _____

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

Date of joining Ph.D. Program: _____

Area of specialization: _____

Proposed Area of Research: _____

Any other information: _____

Undertaking by Student

I have read the guidelines for thesis supervisor allocation given below and have consulted all faculty members in my specialization. My choices for the research areas/faculty members are provided below:

Date: _____

(Signature of Student)

Sl. No.	Name of faculty member	Research Area
1		
2		
3		
4		
5		
6		