**Centre for Research**

#  Ph. D. Supervisor Nomination Form

Date:

|  |  |
| --- | --- |
| Name of the candidate(in Capital letters) | Mr./Ms./Dr. |
| Admitted Session & Year |  |
| Department |   |
| School |  |
| PhD thesis title |   |
| Mode of Ph.D. | Part-time [Internal/External] or Full-time  |

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Recognized Supervisor Name with Designation & Department** | **Justification** |
|  1. |   |  |
|  2. |   |  |
|  3. |   |  |

**Signature of the Scholar with date**

To be filled by HoD

**Supervisor Allotted**

1.

HoD Remarks:

## Date: Head of the Department

## Recommendation of Dean of school:

## Dean of School

For office use

Date:

|  |  |
| --- | --- |
| File. No. |  |
| Registration Number |  |
| Supervisor Allotted |  |

**Dean, Centre for Research**