



CENTRE FOR ACADEMIC RESEARCH

Date :

REQUISITION FOR CONDUCT OF PRE SYNOPSIS & FINAL DC MEETING

Name of Ph.D Scholar :

Register Number :

Name of Supervisor & Address :

Name of the Joint Supervisor :
(**Internal Supervisor** & Address
(if any)

Proposed Date & Time of Meeting :

Details of DC Members

Member 1

Name :

Designation :

Address:

Mail :

Mobile :

Member 2

Name :

Designation :

Address :

Mail:

Mobile :

Signature of Supervisor

Mobile No. :

Email :

Signature
Dean
(*Research & Development*)

Enclose : Payment Screenshot