**CENTRE FOR RESEARCH**

**DHANALAKSHMI SRINIVASAN UNIVERSITY**

Samayapuram, Tiruchirappalli – 621 112

**Nomination form for Doctoral Committee Members**

**Name of the Ph.D. Scholar: PT/FT:**

**Discipline:**

**Registration Number with Date:**

**Supervisor:**

**Co-supervisor (If any):**

**Doctoral Committee:** The Supervisor nominates the following members to serve as the Doctoral Committee

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Member** | **Designation with address, Email id and Mobile No.** | **Role** | **Approval by Dean, CFR**  **(YES/NO)** |
|  |  | Supervisor - Convener | **YES** |
|  |  | Head of the Department (HoD) | **YES** |
| **4 Nominated Subject Experts** | | | |
|  |  | Two experts from within the department (Core discipline) |  |
|  |  |  |
|  |  | Two experts from outside of the department (Allied discipline) |  |
|  |  |  |
|  |  | Co-Supervisor (If applicable) |  |

**Signature with date:**

**Research Supervisor Co-supervisor (If applicable) HoD Dean**

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***For Official Use***

**APPROVAL with date:**

**DEAN - RESEARCH REGISTRAR VICE CHANCELLOR**