# Ph. D. Supervisor Nomination Form

Date:

|  |  |
| --- | --- |
| Name (in Capital letters) |   |
| Application Number |  |
| Admitted Session & Year | August - 2024 |
| Department |   |
| School |  |
| Broad Area of Research |   |
| Ph. D. Programme applied |  |
| Mode of Ph. D. |  |

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Name of the Supervisor nominated 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**