



INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE
Deemed to be University (under de novo category)
Formation of Examiner's Committee for comprehensive examination

Name of Research Scholar: Mr./Ms. _____

School: _____ Funding Agency: _____

Roll No.: _____ ID No.: _____ Date of Joining:

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Theme of Doctoral work: _____

Review Period :

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To:

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Proposed committee for the comprehensive examination:

1. Proposed name and address of the external member working in the allied area (mention the names of Three members):

a.

b.

c.

2. RAC member-1:

3. RAC member-2:

4. Chairman of the school:

5. Supervisor:

6. Co-supervisor, if any:

Signature: _____
 (Supervisor)

 (Co-supervisor, if any)

Name : (Prof. /Dr. _____)

(Prof. /Dr. _____)

Designation : _____

Approved/Not Approved

Dean Academic (PhD)