Instruction to the scholars/supervisor(s) for filling the form.

1. The format and content of the form should not be modified.
2. The form can be filled with New Times Roman 12 font size.
3. Please provide complete postal address along with e-mail address of the examiners.
4. If the office of the Centre for Research found any deviation in the form submitted, it will be automatically rejected without any further notification.
5. The scholars/supervisor(s) are requested to contact the office of the Centre for Research, if any clarification is required.

DIRECTOR
Name of the Scholar: 
Title of the Thesis: 
Faculty as per PG Qualification: 
Name of the Supervisor: 
Name of the Joint Supervisor (if applicable): 

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name with full and correct postal address</th>
<th>Area of specialization</th>
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<td>1.</td>
<td>Name: Designation: Department: Address: Phone: E-mail:</td>
<td>No.of Publications: (List to be enclosed)</td>
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<td>2.</td>
<td>Name: Designation: Department: Address: Phone: E-mail:</td>
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<td>6.</td>
<td>Name: Designation: Department: Address: Phone: E-mail:</td>
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**MEMBER**  
(Signature with Name)  

**Research Co-ordinator**  
(Signature with Name and seal)  
(if applicable)

**SUPERVISOR**  
(Signature with Name and seal)  

**JOINT SUPERVISOR**  
(Signature with Name and seal)  
(if applicable)