CENTRE FOR RESEARCH

ANNA UNIVERSITY :: CHENNAI - 600 025

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, the form will be automatically rejected without any further notification
5. The Scholars/ Supervisor(s) are requested to contact the office of the Centre for Research for any clarification.

DIRECTOR
# LIST OF PANEL MEMBERS FOR DC

Name of the Scholar : 
Research Topic :  
(Abstract of topic duly signed by the supervisor and scholar should be enclosed)
Name of the Supervisor : 
Name of the Joint Supervisor (if applicable) : 
Supervisorship recognition Ref. No. : 

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name with full and correct postal address of the Subject Experts in the relevant area of research</th>
<th>Area of Specialization</th>
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| 6.     | Name :  
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E-mail : |  |

Members from other Institutions (Preferably within Tamil Nadu)

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Signature of the HOD of the Supervisor/  
Signature of the Joint Supervisor  
Signature of the Supervisor  
Director of the Centre  
(Name with Seal)  
(Name with Seal)  
(Name with Seal)  
(if applicable)