MODIFICATION OF RESEARCH PORTAL - PROFORMA OF RESEARCH SUPERVISOR

	Faculty:		Subject:								
Name of the Research Supervisor									Male/ Fem	nale	
	ial Address with						Phone				
Designation							Email ID				
Date of birth				Whether in se	service or not		Date of Sup	perannuation			
Facili	ty Centres granted										
No. a	nd Date of U.O. granti	ng recognition	on as Resear	rch Supervisor							
		Details o	of candidate	es currently do	oing Ph.D with	UO N	o. granting reg	istration.			
Sl. No.	Name (specify whether foreign/ SC /ST/ OBC	Male/ Female	J		U.O. Number and date				Effective date of registration		Availing fellowships pecify UGC F/INSPIRE/ SCSTE etc)

Names of the candidates to whom consent is given. (with session)	1. 2. 3. 4. 5. 6. 7. 8.
Name of candidates who were re-allocated by the Doctoral Committee Name of candidates who have submitted thesis within the last six months	1. 2.

<u>Declaration:</u> I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform the University of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Place:	Name:
Date:	Signature :