



Annexure 1

Supervisor Consent Form and RAC Constitution

(I) CONSENT OF THE SUPERVISOR:

a) Name (in Block Letters) :

b) Reference No (refer research website) :

c) Contact Mobile Number :

d) E-Mail Address :

e) Address for Communication :
(with Designation and Department)

f) No. of Ph. D Scholars Supervising :

Signature of the Supervisor



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(II) PANEL OF NAMES FOR THE RAC COMMITTEE

Name of the Candidate :

Name of the Supervisor:

Research Domain :

Title of the Proposed Research:

- One External member from Academic Institution/ Industry/Research Organization.
- Two full-time faculty members in the same area of research from the School / Department)
- Co-Supervisor if any

Sl. No	Name	Area of Research Interest	Designation	Official Address with Pin code	E. Mail Id	Mobile number
1						
2						
3						
4						
5						
6						

***This list is to be provided only after getting the consent from the members mentioned above.**

Signature of the Supervisor

DOCUMENTS TO BE ENCLOSED

1. If Part time (External), Signature by Head of Organization in the No objection Certificate.
2. To identify a supervisor related to your thrust area of research from the University research website and get the signature from the supervisor in the consent form.
3. RAC members with related areas of expertise should be provided with correct Email ID and designation.

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FOR PART TIME (EXTERNAL) REGISTRATION ONLY

CERTIFICATE FROM THE HEAD OF THE ORGANIZATION

NO OBJECTION CERTIFICATE

This is to certify that Mr./Ms. _____ is working as _____ in the Department of _____ of our organization from _____ to _____.

I wish to inform you that all the necessary facilities for pursuing his/her Research work is available in our organization.

The organization has no objection to permit Mr./Ms. _____ to register for Ph.D. Program in your University.

Date: Signature of Head of Organization