Annexure 24

REQUEST FORM FOR STUDENT FOR PH.D. SUPERVISOR ALLOCATION

Name of Student	
Provisional Registration. No.	
Registration type	Full time / Part Time
Phone	
Email Address	
If Full time Nature of fellowship (Institute/External-JRF)	
Proposed Area of Research	

Undertaking by Student

I have read the guidelines for supervisor allocation and have consulted the faculty members in the area of specialization. The preferences for the supervisor allocation is given below. I understand that the allotment of supervisor is subject to availability of vacancies and approval of DRC.

Sl. No.	Name of faculty member	Research Area
1		
2		
3		

Date: _____

_____
(Signature of Student)

Recommendation of DRC:

Ph.D. Program Director

Dean (Faculty)

Director-Research (Academics)

Vice-Chancellor
(Alliance University)