



PROFORMA FOR ALLOCATION OF SUPERVISOR(MS/M.PHIL)

FACULTY: _____ **DEPARTMENT:** _____

Name of Student: _____ Registration No: _____

CGPA: _____ Date of Enrolment: _____

Field of Specialization: _____

Thesis Supervisor

Full Name: _____

Department: _____

University: _____

Contact No: _____ Email: _____

Signature (**for consent**): _____ Date: _____

Co-Supervisor (if appointed)

Name: _____

Department/University: _____

Contact Nn: _____ Email: _____

Signature (for consent): _____ Date: _____

(TO BE FILLED IN BY THE DEPARTMENT)

Number of supervisions already allotted to the Supervisor:

MPhil Count: _____ PhD Count: _____

Approved ☐

Not Approved ☐

HoD: _____ Signature: _____ Date: _____

Dean: _____ Signature: _____ Date: _____

(TO BE FILLED IN BY THE DIRECTORATE OF ADVANCED STUDIES & RESEARCH)

Status of Supervisor: Approved Supervisor

☐

Not Approved Supervisor

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Date of Expiry of Approved Status: _____

Signature of Director DASR: _____ Date: _____