

APPLICATION FOR SPECIAL SRC/DRC MEETING

- 1 Name of the Research Scholar
- Enrollment No./ Admission No.
2. Department
3. Date of Registration
4. Status: Full-Time/Part-Time
5. Tentative Area of Research
6. Reason for special SRC/DRC.....

Dated: _____

Signature of Research Scholar

Recommendations of SRC/DRC

- The candidate has **completed/ not completed** pre-PhD Course work as per PhD regulations.
- The minimum period for submission of thesis is applicable as per PhD Regulations for Part time candidate.

Therefore, request of candidate is **recommended / not recommended** for approval.

Signature of Member(s)

- | | |
|---------------------------|---------------------------|
| 1. Internal Expert: | 2. External Expert: |
| 3. Supervisor: | 4. |
| 5.: | 6. |

Head/Chairman SRC/DRC

Recommendations of the SRC/DRC are submitted for approval.

Associate Dean (Research)

Approved/Not Approved

Vice Chancellor