

Date: _____

Request for Internal Supervisor Allocation for Doctoral Program

Full-Time

Part-Time

Name of Student: _____

SAP ID: _____

Date of Enrollment: _____

Phone No.: _____

Area of specialization: _____

As per my interaction with faculty member, I am Requesting to allocate the supervisor from the following list. I understand that anyone of them can be allocated as my supervisor.

(Signature of Student) _____

S. No.	Research Area	Name of Faculty Member	Signature
1			
2			
3			

Name of the Research Coordinator

Signature with Date

Recommendation from R&D Department:

On the basis of suitability of Research Interests of the PhD student and the availability of seats with the faculty member (s), the faculty member at S.No. _____ may be approved as the internal supervisor.

Dr Pankaj Kumar
Associate Dean R&D

Dr Ashwini Kumar Nangia
Dean R&D

Approved/ Not Approved

Dr S.K. Rai
Vice Chancellor, UPES