

Date: _____

Request for Internal Supervisor Allocation for Doctoral ProgramFull-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