

**FINALIZATION OF SUPERVISOR(S)**

 **INDIAN INSTITUTE OF TECHNOLOGY ROORKEE**

1. Name of Ph.D. candidate and Department/Centre: .……………………………………………………

 ………………………………………………………………………………..

2. Date of Registration : ………………………………………………………………………………..

3. Category : FTRS (IARS/EFRS/ISERS) / PTRS (P-ISIRS/P-ISERS)

 [FTRS: Full Time Research Scholar; IARS: Institute Assistantship Research Scholar; EFRS: Externally Funded Research Scholar; ISERS: In-Service External Research Scholar; PTRS: Part Time Research Scholar; P-ISIRS: In-Service Internal Research Scholar; ISERS: In-Service External Research Scholar]

4. Proposed Area of Research : ……………………………………………………………………...

5. Name, Designation, Department/Organization of Supervisor

(i) Supervisor-1: ……………………………………………Designation: ..........................................

 Department : ............................................................ Date of Retirement: ...............................

(ii) Supervisor-2: ………………………………………….. Designation: ..........................................

 Department : ............................................................. Date of Retirement: ...............................

(iii) Supervisor-3 (from outside Institute if any): ……………………………………………………….

 Designation: ................................................ Organization: .......................................................

 (**Note 1:** Consent of supervisor and NOC from Organization are mandatory, if Supervisor is from outside Institute.)

**Signature of Ph.D. candidate**

6. Specified research area of supervision in case of Joint Supervision

 (Attach separate sheet with proper justification)

7. Particulars of Proposed Supervisor(s):

|  |  |  |
| --- | --- | --- |
| **Name****&****Designation** | **No. of students being supervised including candidate(s) of other institution(s), excluding this Student** | **Signature of Supervisor (s)** |
| **Single** | **Jointly** |
| With IITR Assistantship  | Without IITR Assistantship |  Other Institution(s) | With IITR Assistantship | Without IITR Assistantship  | Other Institution(s) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

 **Signature of the Supervisor(s)**

**Recommended based on student and**

**Faculty choice Approved and Forwarded/Not Approved**

 **Chairperson, DRC/CRC HEAD OF THE DEPARTMENT/CENTRE**

 **DATED:**

**Note 2:** The Proforma is to be sent to Academic Affairs Office for record.

**FOR USE OF ACADEMIC AFFAIRS OFFICE**

**Checked and found okay as per Regulation / Revision is requested under ……………………**

**Asstt. Registrar (Evaluation) Joint Registrar - Academics**