

National Institute of Technology Meghalaya
(Formation of DC and approval)
(To be filled in by the Supervisor)

FORM - IIB

1. Name of supervising student: _____

2. Department/ Centre: _____

3. Category (Please tick): Full time/ Part time/ Sponsored/ Project fellow

4. a) Name of Supervisor: _____ Department: _____

b) Name of Co-Supervisor: _____ Department /Affiliation: _____

5. Date of Admission/Enrolment: _____

6. Proposed Doctoral Committee members and affiliation

a) _____

b) _____

c) _____

d) _____

e) _____

f) _____

Date :

Signature of Supervisor

Signature of the DRC members:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Remarks by Dean (Academic Affairs) :

Approved/Not Approved _____

Dean (Academic Affairs)