

Mussoorie Diversion Road
Dehardun-248009
Uttarakhand, INDIA
Phones +91.135.3000 300
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RESEARCH ADVISORY COMMITTEE FORM

Section 1

Name of Candidate:

Date of Birth:

Program:

Student ID:

Date of Admission:

Email ID:

Mobile Number:

Section 2:

Research Advisory Committee

S No.	RAC Member Name	Signature	Date
1	Chairperson: Head/Head of Department		
2	Research Supervisor:		
3	Co- Research Supervisor (if any):		
4	Expert 1:		
5	Expert 2:		

Name, Signature and Date - Dean/Director of School

Name, Signature and Date – Dean, Research and Consultancy

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Section 3**Pre PhD Course Work Allocation**

Subject Code	Subject Name	Core/Elective	L/T/P	Credit	Faculty to teach

Name, Signature and Date - Supervisor

Name, Signature and Date – Head/Dean/Director