



**INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE**  
**Deemed to be University (under de novo category)**  
**Formation of Examiner's Committee for comprehensive examination**

Name of the Graduate Student: Mr./Ms. \_\_\_\_\_

School: \_\_\_\_\_ Funding Source: Extramural\*  Intramural

Roll No.: \_\_\_\_\_ ID No.: \_\_\_\_\_ Date of Joining: 

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Theme of Doctoral work: \_\_\_\_\_

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Review Period : From \_\_\_\_\_ To \_\_\_\_\_

Proposed committee for the comprehensive examination:

Proposed names of the external member (give a minimum of three names):

1. Member-1:

2. Member-2:

3. Member-3:

4. Chairman of the School:

5. Supervisor:

6. Co-supervisor, if any:

\_\_\_\_\_

\* Indicate the Agency supporting your Fellowship

Signature: \_\_\_\_\_ (Supervisor) \_\_\_\_\_ (Co-supervisor, if any)

Name : (Prof. /Dr. \_\_\_\_\_) (Prof. /Dr. \_\_\_\_\_)

Designation : \_\_\_\_\_

Approved/Not Approved

Dean Academic (PhD)