

FORM A
DELHI TECHNOLOGICAL UNIVERSITY

APPLICATION FORM FOR APPOINTMENT OF SUPERVISOR(S)

USE CAPITAL LETTERS

- A.
1. NAME OF THE STUDENT _____
 2. ROLL NO. _____
 3. DATE OF JOINING _____
 4. DEPARTMENT _____
 5. STATUS: FULL-TIME/PART-TIME _____
 6. TOTAL CREDITS to be COMPLETED _____

CERTIFIED THAT THE COURSES TAKEN/TO BE TAKEN BY ME HAVE NOT BEEN TAKEN BY ME FOR MY EARLIER DEGREE/DIPLOMA

DATE

SIGNATURE OF STUDENT

- B.
1. PROPOSED AREA OF RESEARCH _____
 2. PARTICULARS OF PROPOSED SUPERVISOR(S)
(JUSTIFICATION BE GIVEN ON SEPARATE SHEET IF THERE ARE MORE THAN TWO SUPERVISORS)

NAME	DESIGNATION	DEPARTMENT

DATE:

SIGNATURE(S) OF SUPERVISOR(S)

C. RECOMMENDATION OF THE DEPARTMENTAL RESEARCH COMMITTEE (DRC)

THE DRC RECOMMENDS THE REGISTRATION OF MR./MS. _____ AS A FULL-TIME/PART-TIME STUDENT WITH EFFECT FROM _____ AND ALSO RECOMMENDS THE APPOINTMENT OF SUPERVISOR(S) AS INDICATED ABOVE.

DATE:

SIGNATURE OF CHAIRMAN, DRC

AR (PGS&R)

(FOR USE OF ACADEMIC SECTION ONLY)

PARTICULARS OF THE STUDENT HAVE BEEN VERIFIED. SUBMITTED FOR APPROVAL OF THE DEAN, IRD

AR (Acad)

SIGNATURE OF DEAN, IRD