

## **Request for Constitution of General Test Committee**

1.	Name of the Candidate And Official Address (E-mail address, Phone/Mobile Number)	
2.	School/Centre where registered	
3.	Status	(Please tick the relevant one) (i) Internal: Full Time / Part Time (ii) External: Part Time
4.	Date of Registration	
5.	Field of Investigation	
6.	Likely topic of Research	
7.	Guide (s)	
8.	Research Advisor (if any)	

9. Panel of Experts suggested from the School/Centre where registered (Please suggest a minimum of three names-The names of ex-officio members should not be included here)

Name, Designation and School/Centre	Area of Specialisation
1.	
2.	
3.	
4.	

Name	Area of Specialisation	Complete address for communication (Please give Phone/Mobile, Fax & e-mail also)
1.		
2.		
3.		
4.		
5.		
6.		
Signature of Guide		Signature of the Director of the School / Centre (Please affix official seal)
Date :	Date	·:
	tor (Academic Research) ated to the Doctoral Committee	
1.		
2.		
3.		
		Director (Academic Research)

10. Panel of Experts suggested from the Allied Schools / Allied Institutions (Please suggest a minimum of six names, all from outside the School, where the candidate is registered. Bio-