



SATHYABAMA

INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)

Accredited with Grade "A" by NAAC
Jeppiaar Nagar, Rajiv Gandhi Salai, Chennai – 600 119, Tamil Nadu, India



CENTRE FOR ACADEMIC RESEARCH

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MINUTES OF THE SECOND DOCTORAL COMMITTEE / COMPREHENSIVE MEETING

Date of Meeting : _____ Time: _____ Fee Details (Enclose Copy)

D.D.No.,	D.D. Date	Bank	Amount

Scholar Details:

- Name : Mr./Ms. _____ Register Number : _____
- Year of Admission _____ FACULTY : _____
- Category : FULL TIME / PART TIME (Internal) / PART TIME (External)
- Official Address: _____ Residence Address: _____

- Mobile No : _____ Email : _____

Supervisor Details:

- Name of the Supervisor :
- Name of the Joint Supervisor (if any) :

The following members were present

Sl. No.	Name of the Expert & MOBILE No.	OFFICE ADDRESS
1		
2		

RESEARCH TITLE : _____

RECOMMENDATIONS OF THE COMMITTEE : Please attach a separate sheet if required

After evaluating the Comprehensive examination performance and presentation thoroughly the committee recommends to **CONFIRM / NOT TO CONFIRM** the registration of the above PhD scholar.

Signature & Name
of the Member

Signature & Name
of the Supervisor

Signature & Name
of the Member