



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 FIRST DOCTORAL COMMITTEE 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: _____ Residential 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 | | |

PROPOSED RESEARCH TITLE: _____

The committee has approved the area of research proposed and directed the candidate to go ahead with the literature review and suggested to register for the following courses.

| Sl. No. | Course Code | Title of the course | Place of undergoing the Course |
|---------|-------------|---------------------|--------------------------------|
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| | | | |

Signature & Name
of the Member

Signature & Name
of the Supervisor

Signature & Name
of the Member