Appointment of Supervisor(s)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name of the Student | | | : | |  | | | | | | | | | | | | | | | | |
| 2. | Roll Number | | | : | |  | | | | | | | | | | | | | | | | |
| 3. | Academic Department/ Center | | | : | |  | | | | | | | | | | | | | | | | |
| 4. | Joined PhD Programme during | | | : | | ODD Semester | | | | | | | | | EVEN Semester | | | | | | | |
|  | (Put a Tick Mark ✓) | | |  | |  | | | | | | | | |  | | | | | | | |
| 5. | Present Type/Category of the Student:  Put a Tick mark ✓ in the appropriate  Boxes | | | | | | | Full Time | | | | |  | | | | Part Time | | | |
|  |  | | | | |  | | | |  | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
|  | Regular |  | Sponsored | |  | | Self-Financed | |  | | Project-Staff | | | | |  | External | |  | QIP/other | |  |
|  |  |  |  | |  | |  | |  | |  | | | | |  |  | |  |  | |  |
|  |  |  |  | |  | |  | |  | |  | | | | |  |  | |  |  | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| 6. | The DPPC/ CPPC appoints the following Supervisor(s) | | | | | | | | | | | | | | | | | | | | | |
| Role in DC | | | Name | | | | | | | Department/ Center | | | | | | | | Signature | | | | |
| Coordinating Supervisor | | |  | | | | | | |  | | | | | | | |  | | | | |
| Supervisor\*, if any | | |  | | | | | | |  | | | | | | | |  | | | | |
| \*If the supervisor is not a faculty member, then please mention his/her designation along with the Name of the Department/ Center. | | | | | | | | | | | | | | | | | | | | | | |
|  | Consent from the student and the supervisor(s) is taken.      Signature of Member Secretary, DPPC/CPPC | | | | | | | | | | | \*°Recommended / Approved  Chairperson, DPPC/CPPC | | | | | | | | | | |
| For External Category | | | Name | | | | | | | | | | | Designation and Organization | | | | | | | | |
| Local Supervisor° from Parent Organization | | |  | | | | | | | | | | |  | | | | | | | | |
| ° Please attach the CV and consent of the (external) Local supervisor from the student’s parent organization | | | | | | | | | | | | | | | | | | | | | | |
|  | Remark: Noted / °Approved / \*Recommended  Chairperson, IPPC | | | | | | | | | | | | | | | | | | | | | |

To \*Approved

Chairperson, IPPC (DOAA)

Academic Affairs Section

CIT Kokrajhar Chairman, Senate