

केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

Deemed to be University, MHRD, Govt. of India Kokrajhar, BTAD, Assam 783370

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FORMATION OF DOCTORAL COMMITTEE

Name of the Stude	nt :					
2. Roll Number	:					
Academic Departm	nent/ Center :					
4. Joined PhD Progra (Put a Tick Mark ✓)	mme during :	ODD Semester		EVEN Semester		
,	gory of the Student: in the appropriate	Full Tir	ne	Pa	art Time	
Regular	Sponsored	Self-Financed	Project-Sta	aff Externa	al QIP/Other	
6. Doctoral Committe						
Role in DC	Name		Designation & D		Signature	
Chairperson						
Member						
Member						
Supervisor						
Supervisor/ Local Supervisor*, if any						
	Member Secretary,			re of Chairperson		_
Remark, if any: Date:	Dealing Staff of	Put up for ap Academic Affairs S			Approve Chairperson, IPP	