

MINUTES OF THE DEPARTMENTAL RESEARCH COMMITTEE (DRC)

The Department Selection Committee met under the Chairmanship of in
the Department of College Name and Address
..... held on
at am / pm for the selection of Ph.D. candidate(s) application(s).

Members Present:

Name, Department and Designation	Name of the College with address	Supervisor recognition order no with date
<i>Chairman</i>		
<i>Member 2:</i>		
<i>Member 3:</i>		
<i>Co-guide for interdisciplinary candidates only</i>		
<i>University Representative</i>		

Note: Copy of the supervisor recognition order issued by Thiruvalluvar University should be enclosed for all research committee members.

The Department Research Committee verified the certificates ofand
conducted written test / written test exempted (UGC / CSIR: JRF Passed candidates only) and oral test. The
committee recommend the candidate is found suitable for admission in to Ph.D. programme (Full Time / Part-time
(Internal) / Part-time (External) in Subjec at Department of
..... College Name and Address

under the Supervision of
Signature of the Departmental Research committee

Signature				
Name				
Seal	4. <i>(Co-Guide, if applicable)</i>	3. <i>(Committee Member)</i>	2. <i>(Committee Member)</i>	1. <i>(Committee Member & Chairman)</i> <i>University Representative</i>

DECLARATION

[To be filled in by the Supervisor concerned]

- 1. Name of the Supervisor :
- 2. Designation :
- 3. Name of College / Institution :
- 4. Date of Retirement of the Supervisor :
- 5. Ph.D. Supervisor recognition order
reference number and date (Issued by Thiruvalluvar University)
: Ref. No. :
Date :

Number of students Registered PhD in Thiruvalluvar University: _____ as on _____

I declare that the information provided above true and I further declare that I am not supervising any PhD student in other Universities

SIGNATURE OF THE SUPERVISOR

Date:
Seal

**Signature of the Head of the
Department**

Signature of the Principal

Date:
Seal