

**MINUTES OF THE DEPARTMENTAL RESEARCH COMMITTEE**

The Department Selection Committee met under the Chairmanship of..... *Supervisor's Name* ..... 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>		

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 of ..... *Candidate's Name* ..... and  
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 ..... *Subject* ..... 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 &amp; Chairman)</i>