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**ACADEMY OF SCIENTIFIC AND INNOVATIVE RESEARCH**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOCTORAL ADVISORY COMMITTEE MEETING**

*(Mention DAC Meeting Number)*

|  |  |
| --- | --- |
| **Name of the student** |  |
| **AcSIR Enrollment / Registration Number** |  |
| **Date of Enrollment/Registration in AcSIR** |  |
| **Name of CSIR Lab affiliated with** |  |
| **Fellowship -CSIR/UGC/ICMR/Others**  **(If others, please specify)** |  |
|  |
| **Name of the Supervisor** |  |
| **Name & affiliation of the co-supervisor (if any)** |  |
| **Date of DAC Meeting** |  |

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| --- |
| **Broad/Specific title of the proposed thesis:** |
|  |

**Comments by the committee after presentation and discussion\*:**

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|  |

**\*Please attach additional sheet, if required and obtain signature of members on it**

|  |  |  |
| --- | --- | --- |
| **( DAC Member)** | **(DAC member)** | **(DAC Member)** |
|  |  |  |
| **Supervisor Co Supervisor (if any)** | | |

**Comments (if any) noted, Signature of the Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Coordinator AcSIR-(Lab Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACADEMY OF SCIENTIFIC AND INNOVATIVE RESEARCH**

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**FINAL DOCTORAL ADVISORY COMMITTEE MEETING**

(PRETHESIS SYNOPSIS SUBMISSION, OPEN COLLOQUIUM)

|  |  |
| --- | --- |
| **Name of the student** |  |
| **AcSIR Registration Number** |  |
| **Date of Registration in AcSIR** |  |
| **Name of CSIR Lab affiliated with** |  |
| **Fellowship-CSIR/UGC/ICMR/Others**  **If others, please specify** |  |
|  |
| **Name of the Supervisor** |  |
| **Name & affiliation of the co-supervisor (if any)** |  |
| **Date of DAC Meeting** |  |

|  |
| --- |
| **Title of the thesis:** |
|  |

**Specific comments by the committee after presentation and discussion (if any)**

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**\*Please attach additional sheet, if required and obtain signature of members on it**

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| **Recommendation of the DAC Committee** |
| On reveiwing the progress report and presentation of (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  the Committee recommends submission of thesis / further work is necessary to fulfill the objectives before thesis submission. |

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| --- | --- | --- |
| **(DAC Member)** | **(DAC member)** | **(DAC Member)** |
|  |  |  |
| **(Supervisor) Co Supervisor (if any)** | | |

**Comments (if any) noted, signature of the Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Coordinator AcSIR-(Lab Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**