

**वैज्ञानिक और नवीकृत अनुसंधान अकादमी**

**ACADEMY OF SCIENTIFIC AND INNOVATIVE RESEARCH**

***(An Institution of National Importance by an Act of Parliament)***

**Headquarters:** AcSIR, CSIR-HRDC Campus, Sector 19, Kamla Nehru Nagar, Ghaziabad, UP, 201002

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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**

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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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**