**FORM II-B**



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**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

**बिजनी कॉम्‍पलेक्‍स, लैटमुख्‍्राह, शिलांग Bijni Complex, Laitumkhrah, Shillong-793003**

**FORM FOR FORMATION OF DC**

**(***To be filled by the supervisor after successful completion of Comprehensive Exam***)**

|  |  |
| --- | --- |
| **1** | Name of Scholar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2** | Roll no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **3.** Department\_**\_\_\_\_\_\_\_\_\_\_\_** | **4.** Date of Admission/Enrolment\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **5** | Category (Please tick): Full time/ Sponsored (Part Time)/ Project Fellow  |  |
| **6** | (a) Name of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (b) Name of Co-Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Department /Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **7** | **Supervisor Allotment notification no and date:** |
| **8** | **Date of Comprehensive exam and GPA secured:**  |
| **9** | (a) Proposed Doctoral Committee Members (to be proposed by the Supervisor) |
|  | i) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisor) - Convener |
|  | ii) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Co-Supervisor)-Member |
|  | iii) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -Member (concerned research group of the dept) |
|  | iv) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -Member (member from the concerned dept ) |
|  | v) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -Member **(faculty member from other Department/Centre or from the other Institute of repute, email consent from the external member to be provided in case of the latter)** |
| **10** | Signature of the DRC members: |
| a | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(member)  | b\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (member | c\_\_\_\_\_\_\_\_\_\_\_\_ (member)  |
| d | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (member)  | e\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(member)  | f\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (member)  |
| g | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (member) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chairman, DRC) |
| **11** | Proposed Doctoral Committee Chairman {Senior faculty member to be nominated by Dean (AA)} |
|  | vi) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -Chairman |  |
|  |  |  |  |  |  |
|  |  |  |  |  | Dean (Academic Affairs) |
|  | **Approved/Not Approved** |  |  |  |  |
|  |  |  |  |  | Director |