



SUPERVISOR/CO-SUPERVISOR SELECTION FORM			
Student Name		Roll No.	
Session		Admission date	
Degree		Program	
Email		Mobile No.	
Research Topic			
Research Area			

Suggest Supervisor(s) Name	Research Area	Recommended by coordinator/HoD
1. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>
Suggest Co-Supervisor(s) Name	Research Area	Recommended by coordinator/HoD
1. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval from Supervisor (Sign)	Approval from Co-Supervisor (Sign)
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*(For official use only)*

PROGRAM CO-ORDINATOR/HoD			
Recommendation/ comments (if any)			
HoD Sign		Coordinator Sign (if any)	

CONCERNED DEAN			
Decision:	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	
Signature		Stamp	

DIRECTOR POSTGRADUATE STUDIES			
Signature		Stamp	