

**SREE CHITRA TIRUNAL
INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY**

DIVISION OF ACADEMIC AFFAIRS

PhD Programme: Application for Constitution of Doctoral Advisory Committee (DAC) Members
(For Submission to the Academic Committee)

1. Name of the Research Scholar : _____
2. Register Number : _____
3. Date of Admission : _____
4. Topic of Research : _____
(Attach one page abstract)

5. Name of Research Guide : _____
6. Dept / Lab / Division : _____

Details of DAC Members

Sl. No	Name & Address	Qualification	Areas of Expertise & No. of years (relevant to the topic of research)	Contact Number/s	Signature
1					
2					

3					
4					
5					

Date:

Signature of the Research Guide

Office Use Only

Date of Approval of the Academic Committee : _____