

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

DIVISION OF ACADEMIC AFFAIRS

Ph.D PROGRAMME : DETAILS OF SEMINAR TAKEN BY THE STUDENT

1	Name of the student (In Block letters)	:	
2	Register No.	:	
3	Topic of Seminar	:	
4.	Seminar No. 1/2/3/4/5/6	:	
5	Date of Seminar	:	

Date :

Signature of the student

Name and Signature with comments on the seminar :-

1. **Research Guide**

Comments : _____

Date :

Name and Signature

2. **DAC Members**

Member 1

Comments : _____

Name and Signature

Member 2

Comments : _____

Name and Signature

Member 3

Comments : _____

Name and Signature