

**SREE CHITRA TIRUNAL**  
**INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY**  
**DIVISION OF ACADEMIC AFFAIRS**

**PhD Program: 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	(Guide)				
2	(Co-guide)				

3	(DAC member)				
4	(DAC member)				
5	(DAC member)				

---

Signature of the Research Guide

Date:

**Office use only**

Comments of Dy. Registrar:

---

Associate Dean (PhD program)

---

Dean

Approved / Not approved

**DIRECTOR**