

Full Name:

Department:

Registration No.:

भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान मोहाली (शिक्षा मंत्रालय, भारत सरकार के अधीन)

INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH MOHALI

(Estd. By Ministry of Education, Govt. of India)

Form for Monitoring Committee Student Information

PhD Supervisor:				
Co-Supervisor (If any):				
	Monitoring	g Committee	*	
	N	ame	Signature	
			oignature	
Convener (PhD Supervisor)				
Co-Supervisor (If any)	7			
Member 1		* :		
Member 2				
Member 3 (if any)				
Remarks (If any):				
PhD Supervisor Date:	Forwarded HoD	Dea	Forwarded Dean / Associate Dean, Academics	

Approved Chairperson, Senate