



# ST. JOSEPH UNIVERSITY

A State Private University Established Under Nagaland Govt. Act No.6 of 2016,  
Recognized by UGC, Approved by AICTE.

Form No. R6

## CENTRE FOR RESEARCH

Date:

### REQUISITION FOR CONDUCT OF DOCTORAL COMMITTEE MEETING

|                                                                     |                                                                                                                |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Name of the Research Scholar<br>(in Block Letters)                  |                                                                                                                |
| Registration Number                                                 |                                                                                                                |
| Mode of Admission                                                   | Full Time / Part Time (Internal) / Part Time (External)                                                        |
| Candidate Mobile No. &<br>E- Mail                                   |                                                                                                                |
| Name of the Supervisor<br>Designation & Department                  |                                                                                                                |
| Supervisor Mobile No. &<br>E- Mail                                  |                                                                                                                |
| Purpose of Meeting<br>(Tick Appropriate & Strike out<br>Irrelevant) | First DC Meeting / Confirmation (II) DC Meeting / Extension<br>Meeting / Synopsis Meeting (III DC) / Viva Voce |
| Proposed Date &<br>Time of Meeting                                  |                                                                                                                |

#### DETAILS OF DC EXTERNAL MEMBER

|                               |  |
|-------------------------------|--|
| Name ( In Block Letters)      |  |
| Designation                   |  |
| Department                    |  |
| Institute Name and Address    |  |
| E- Mail (in Separate Letters) |  |
| Mobile Number                 |  |

The first / Second / Third / Extended doctoral committee meeting/ Viva voce of above said PhD scholar is scheduled as per the details given above. The external examiner has agreed to attend on that day. I request you to accept him as an external member and send the formal invitations; arrange the Sitting fee for the eligible experts, applicable as per the University norms.

No Due's from Accounts Office:

Signature of the Guide with Name

Supervisor Recognition No. :

\* Filled-In Application form should reach Research Coordinator in Person, before 4 days of the proposed date and time