

## Recommendation of subject experts for constitution of Doctoral committee (DC)

Name of PhD Student	Supervisor's name	Name of the department

S.No	Name of Expert	Designation, Address for communication, E-mail, phone number and mobile number
1		
2		
3		
4		
5		
6		

Signature of Supervisor  
Dean

Signature of Department HOD/Coordinator

Signature of

# SRM University AP, Andhra Pradesh



Date: