			Form 14		
Accre	SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY (DEEMED TO BE UNIVERSITY) edited "A++" Grade by NAAC 12B Status by UGC Approved by	AICTE			
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	REQUISITION FOR CONDUCT OF DC MEETINGS	Date:			
Name of PhD Scholar	r :				
Register Number	:				

Mobile Number	:	Email ID:
Name of Supervisor Designation Dept.		
Mobile Number	:	Email ID:

Purpose of Meeting : First DC Meeting / Confirmation DC Meeting / Extension Meeting / Synopsis Meeting / Viva Voce

Proposed Date & Time of Meeting

Details of DC Members / Indian Examiner / Foreign Examiner Nominee

:

Member 1	Member 2
Name:	Name:
Designation:	Designation:
Address:	Address:
Mail:	Mail:
Mobile:	Mobile:

Signature of Supervisor

For official Purpose To be signed by DC Members on the day of meeting.