



SATHYABAMA

INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)

Accredited "A++" Grade by NAAC | 12B Status by UGC | Approved by AICTE

www.sathyabama.ac.in

DETAILS OF PhD SCHOLAR

- Name : Mr./Ms. _____ Register Number : _____
- Year of Admission _____ FACULTY : _____
- Category : FULL TIME / PART TIME (Internal) / PART TIME (External)
- Official Address: _____ Residence Address: _____

- Mobile No: _____ Email: _____

Position	Name of the Expert & MOBILE No.	OFFICE ADDRESS & Email
Supervisor		
Jt. Supervisor If any		
DC Member 1		
DC Member 2		

PROPOSED RESEARCH TITLE : _____

Sl. No.	Course Code	Title of the course	Place of undergoing the Course / If Completed

Confirmation Meeting Conducted : YES / NO

Date of Meeting:

No. of Extensions Provided to the Scholar : Maximum of 4 Extensions can be provided

1st Extension Meeting Completed On : _____ 2nd Extension Meeting Completed On: _____

3rd Extension Meeting Completed On : _____ 4th Extension Meeting Completed On: _____

Official Approved Break of Study availed : From _____ To _____

DETAILS OF CHANGE OF SUPERVISOR / DC MEMBERS

Date of Change	Name of the Old Member	Name of New Member	New Member Contact Details