

DC MEETING REGISTRATION FORM

Academic Year: 20__ - 20__, Semester I / II



Date :

Form No.P2/ /2021-'22

DETAILS OF THE MEETING

1. Name of the Scholar :

2. Registration number :

3. Level of Meeting :

4. Title of Research :

5. Address of the Scholar with

E-mail ID and Mobile Number :

6. Department and college in which the

College is doing research :

7. DC Members Name & address :

Signature of Student

Signature of Supervisor

Signature of the Head of the Department

Submitted to:

Dean - Research