

(Established by Government of Gujarat under Gujarat Act No. : 20 of 2007)

ગુજરાત ટેકનોલોજીકલ યુનિવર્સિટી (ગુજરાત સરકારના ગુજરાત અધિનિયમ ક્રમાંક:૨૦/૨૦૦૭ દ્વારા સ્થાપિત)

GT

Date:

<u>upervisor</u>

U/F	Ph.D./Appointment_Co-Supervisor/20 /
	Application for appointment as a Co-Si
1.	Name of Research Scholar:
2.	Enrollment No.:
3.	Faculty/Discipline:
4.	Mobile No.:
5.	Registered email ID:
6.	Research Title:
7	Name of Supervisor (with Designation):
/.	Institute Name & Address:
	Email ID:
	Mobile No.:
8.	Name of DPC Member 1 (with Designation):
0.	Institute Name & Address:
	Email ID:
	Mobile No. :
9.	Name of DPC Member 2 (with Designation):
	Institute Name & Address:
	Email ID:
	Mobile No.:
10.	Name of proposed Co-Supervisor (with Designation):
	Institute Name & Address:
	Email ID:
	Mobile No.:
	Area of Specialization:
11.	Justification for appointment of Co-Supervisor:



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	the resea	arch. Sch	nolar, Enr	ollment	No.> ā	nt Gujai	rat Te	chno	ologic	al Uni	iversi	ty		
	Signature	e of Sup	ervisor, S	Signature	e of DP	C Mem	ber 1,	Sig	natur	e of D	PC M	1embe	er 2	
13.	No Objec	tion Cer	tificate fr	om the	propos	ed Co-	Super	viso	r					
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ગુજરાત ટેકનોલોજીકલ યુનિવર્સિટી

(ગુજરાત સરકારના ગુજરાત અધિનિયમ ક્રમાંક :૨૦/૨૦૦૭ દ્વારા સ્થાપિત)

undertake that the following details submitted by me are true and correct to the best of my knowledge and belief.

• Details of Research Scholar(s) pursuing Ph.D. under my Supervision :

Sr. No.	Enrollment No. / ID No	Name of the Scholar	University where the Research Scholar is enrolled for Ph.D.	Semester / Year
1				
2				
3				
4				
5				
6				
7				
8				

• I am serving as a DPC member for the following Research Scholar:

Sr. No.	Enrollment No. / ID No	Name of the Scholar	Affiliating University	Semester / Year
1				
2				
3				
4				
5				
6				

• I am serving as a co-supervisor for the following Research Scholar:

Sr. No.	Enrollment No. / ID No	Name of the Scholar	Affiliating University	Semester / Year
1				
2				
3				
4				

(Signature of the proposed Co-Supervisor)



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14. Certificate	e from the place of wor	rk of the p	propos	sed Co-S	Supervisor		
This is to certify that DrName of proposed							sed Co-
Supervisor,	Desi	gnation>			serving		at
						<name< td=""><td>of the</td></name<>	of the
Office/Lab/D	epartment/School/Cen	tre>	is	a	full-time	employee	of
<name of="" td="" u<=""><td>niversity/ Institute/labo</td><td>oratory/In</td><td>dustry</td><td>/>.</td><td></td><td></td><td></td></name>	niversity/ Institute/labo	oratory/In	dustry	/>.			
This	University/Institute	has		no	objection	if	Dr.
			.< Nar	ne of pr	oposed Co-sup	ervisor> se	rves as
a Co-Super	visor for					<na< td=""><td>ame of</td></na<>	ame of
the research	n scholar , Enrollment	Number	> of (Gujarat	Technological	University v	vorking
under the g	uidance/supervision of	Dr					<name< td=""></name<>
of the Supervisor, designation and name of the institute> and the research scholar will also						vill also	
be able to u	itilize the facilities avai	lable at c	our Ur	niversity	/ Institute for	the researc	h work
titled						<titl< td=""><td>e of the</td></titl<>	e of the
PhD title> ti	II submission of Ph.D.	Γhesis.					
*Attach short (CV of proposed Co-Superviso	or along wit	th this a	pplication	ı.		
Date:							
(Se	eal and Sign of Registr	ar of the	Univer	sity OR	Director/Princip	oal of the In	stitute)



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FOR OFFICE PURPOSE ONLY

Remarks/Recommendation of the concerned DRC/DRCs
Remarks of the Section (if any)
Dealing Person
I/c Section
Registrar