

**135, East Coast Road, Kanathur, Chennai-603112**

**Department of ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MINUTES OF THE THIRD DOCTORAL COMMITTEE MEETING**

**Name of the Scholar:**

**Registration Number:**

**Category:**

**Date & Time :**

**Name and Address of the Supervisor**

**With Mobile No &Email:**

**Name and Address of the**

**Doctoral committee: Members**

**With Mobile No &Email: 1.**

**2.**

**Proposed research tile by the**

**Doctoral committee members:**

**No of course work Completed:**

**Name of the course work:**

**Comments and suggestion by the Doctoral Committee members based on the Presentation** (Attached Separate Sheet if necessary)

**Signature of Signature of Signature of**

**Research supervisor DC member HoD DC member - External**

**Dy. Director Research**

**(DC member)**