

Date: _

Request for External Supervis	or Allocation for Doctoral Program	
Full-Time	Part-Time	
Name of Student:	SAP ID:	
Enrollment Date:	Phone No	
Research Area:		
No Objection from Supervisor(s)		
Justification for inclusion of external supervisor:		
1. Name of the External Supervisor:		
2. Designation:		
3. Department/Discipline:		<u> </u>
4. Institute:		
(Biodata of supervisor to be enclosed giving	details of qualification, research experience, etc.) (Signature of Supervisor wit	th date)
Statement from t	ne External Supervisor:	
I agree to act as External supervisor of Mr /Ms of UPES. I know the maximum limit of Ph. D I can take, a		lepartment
Research Coordinator of school	(Signature of External Supervisor with o	date)
Recommendation R&D Department:		
On the basis of suitability of Research Interests of the Ph supervisor is approved jointly with the Ph.D. supervisor		external
Dr Pankaj Kumar Associate Dean R&D	Dr Ashwini Kuma Dean R&D	^r Nangia

Approved/ Not Approved

Dr Ram Sharma Vice Chancellor, UPES