**FORM No. 2**

**ACADEMY OF SCIENTIFIC AND INNOVATIVE RESEARCH**

 **वैज्ञानिक और नवीकृत अनुसंधान अकादमी**

**Headquarters:** AcSIR, CSIR-Human Resource Development Centre,

Sector 19, Kamla Nehru Nagar, Ghaziabad, UP 201002, INDIA

**Date:**

**Area (Please tick): *Biological Science/Physical Science/Chemical Science***

***DOCTORAL ADVISORY COMMITTEE MEETING (Please tick): DAC I/ DAC II/ DAC III***

# A) PERSONAL DETAILS:

NAME: DATE OF BIRTH: GENDER: DATE OF JOINING AT CSIR-NEIST: DATE OF JOINING AT AcSIR: SESSION: YEAR: PROGRAM: FELLOWSHIP: ENROLLMENT NO:

# PROFESSIONAL INFORMATION:

TITLE FOR THE PhD THESIS WORK:

(Enclosed a copy of the proposed work)

***NAME OF SUPERVISOR:*** ***NAME OF CO-SUPERVISOR (if any):***

***TUTION FEE DETAILS (To be enclosed in the prescribed format-Annexure I):***

# PREVIOUS DAC MEETING DETAILS:

|  |  |
| --- | --- |
| **DAC** | **DATE OF MEETING** |
| **DACI** |  |
| **DACII** |  |

Signature of the Student Signature of the Supervisor(s)