Form No.: BPUT/ Ph.D -2019/ 15 [vide Ph.D.-13.1(a)]

APPLICATION FOR INC	TECHNOLOGY, ODISHA, ROURKELA Lusion of co-supervisor
Name of Ph.D Student	
Name of NCR	
Name of the Faculty	
Branch / Specialisation	
Enrollment No. & Date of Enrollment	
Regd. No. & Date of Regd.	
Title of Ph.D. work	
Name of the Research Supervisor	
Name of the proposed Co-Supervisor	
Proposed Co-Supervisor Details Detailed CV attached (Yes / No)	Name: Designation: Affiliation: Contact Address: Contact Mobile No.: E-mail id:
Is the proposed Co-supervisor an approved Supervisor of BPUT	Yes / No If yes, then enclose evidence
*Need for the inclusion of a Co-supervisor (Justif	
Date: <u>Consents of existing and propose</u> resent Research Supervisor	
Date: <u>Consents of existing and propose</u> resent Research Supervisor	Signature of the Student ed Research Supervisor / Co-Supervisor Proposed Co-Supervisor
Consents of existing and propose essent Research Supervisor Recommen	Signature of the Student ed Research Supervisor / Co-Supervisor Proposed Co-Supervisor dation by the DSC Chairperson , DSC
Consents of existing and propose resent Research Supervisor Recommen Signature of members, DSC	Signature of the Student ed Research Supervisor / Co-Supervisor Proposed Co-Supervisor dation by the DSC Chairperson , DSC
Date: Consents of existing and propose resent Research Supervisor Recommen Signature of members, DSC	Signature of the Student ed Research Supervisor / Co-Supervisor Proposed Co-Supervisor dation by the DSC Chairperson , DSC