CHINMAYA VISHWAVIDYAPEETH, ERNAKULAM

(Deemed to be University)

PROFORMA-6

SUPERVISOR PREFFERENCE FORM
(To be filled by the Scholar->HOS-> Director(R&D))

1. Name of the Scholar:
2. School:
3. Application No./Roll No:
4. Month and Year of Registration (if applicable):
5. Category (please tick): Full time/Part time
6. Area of Research:
7. Title of the Research work:

Name of the Proposed Supervisor	**Designation**	**Area of Specialisation**	**No. of Ph.D Scholars already registered as Supervisor/Co-supervisor in CVV or outside (filled by proposed supervisor)**	**Consent by the proposed supervisor Yes/No**	**Signature of the proposed Supervisor**

……

……

Name and Signature with date of the Scholar

For office use only
I recommend <name of the proposed Supervisor>.   Remarks: Name and Signature of the Head of the School

CHINMAYA VISHWAVIDYAPEETH, ERNAKULAM

(Deemed to be University)

I approved <name of the proposed Supervisor>.

Remarks:

Name and Signature of the Director (R&D) cell