



BIKANER TECHNICAL UNIVERSITY, BIKANER
बीकानेर तकनीकी विश्वविद्यालय, बीकानेर
OFFICE OF DEAN RESEARCH

Form for formation of Research Advisory Committee (RAC)

1. Name of the Ph.D. candidate: _____ Enrollment No.: _____
2. Department/Centre: _____
3. Category: (Full time /Part time) _____
4. Date of Registration: _____
5. Proposed Area of Research: _____

6. Supervisor(s):
(with Designation and Institute/ Centre Address including Contact Numbers, email):
 1. _____
 2. _____
7. Panel of the RAC members proposed by the Supervisor(s):
(with Designation and Institute/ Centre Address including Contact Numbers, email):
 1. _____
 2. _____
 3. _____

Supervisor-I
(Name and Signature)

Supervisor-II (if any)
(Name and Signature)

Head of the Department/Centre

Dated: _____

Head of the Institution

FOR USE OF DRC

RAC (One member and supervisor(s)) is constituted as follows:

Supervisor(s): I. _____ II. _____

Member, RAC: _____

Dated: _____

Chairperson, DRC

A copy of this request form is to be sent to Office of Dean (Research), BTU by Chairman, DRC