



**St. Peter's University**  
**St. Peter's Institute of Higher Education & Research**  
**(Declared under Section 3 of the UGC Act, 1956)**  
**Avadi, Chennai 600 054**

Date:

Department of .....

Particulars on Doctoral Committee Meeting to be held on.....  
**(Separate form to be used for each Research Scholar)**

Name of the Research Scholar :

Registration Number :

Department :

Stages of the Meeting : 1<sup>st</sup> DC / 2<sup>nd</sup> DC / 3<sup>rd</sup> DC for Synopsis

Time :

Name of the Supervisor :

DC Members Name :

1.

Email:

2.

Email:

Whether current semester fee paid:  
(Enclose challan copy of the fee receipt)

Signature of the Supervisor  
(with Seal)

Encl.: Provisional Registration Letter

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**Office use**

Remarks

Dean (R&D)

Copy to:

1. Dean (R&D)
2. HOD Concerned
3. Internal Member
4. Supervisor
5. File