**Form NITN/Research & Consultancy /PHD/3B**

DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name of the Scholar** | **Registration No.** | **Date of Joining** |
|  |  |  |

**Research Proposal for PhD**

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| **Research Proposal** | |
| 1. |  |

**Name of the proposed faculty(s) under whom I want to carry research:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Name of the faculty** | **Research Area of the Faculty** | **Signature of the Faculty** |
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**(A Copy of the form should be submitted to Head of the Department)**

**Signature of the Scholar**