



Ph.D

FORM 2

ಕೃಷಿ ಮತ್ತು ತೋಟಗಾರಿಕೆ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಶಿವಮೊಗ್ಗ
UNIVERSITY OF AGRICULTURAL AND HORTICULTURAL SCIENCES, SHIVAMOGGA
Directorate of Postgraduate Studies

Report of the Advisory Committee

Advisory Committee of Mr./Ms

Email I.D.

Mob. No

ID. No admitted to Ph.D degree programme during the year
and majoring in

met on at AM/PM in the
campus.

1. The Plan of work was considered (To accompany form 3)
2. The Programme of Research was considered (To accompany form 4)
3. The plan of work and programme of Research work were reviewed and
the changes suggested are mentioned below

4. Other items considered.

a.

b.

c.

(* Please strike off the items not required.

Advisory committee

	<u>Name</u>	<u>Signature</u>
1.	(Chairperson)	_____
	Email I.D	
	Mob. No	
2.	(Member)	_____
3.	(Member)	_____
4.	(Member)	_____
5.	(Member)	_____
6.	(Member)	_____

Submitted to the Dean (Agri.)/Dean (Hort.)/Dean (Forestry) for further needful.

Date: / /

Signature of the
Head of the Department

Email I.D.

Mob. No.

Forwarded to Dean (PGS), UAHS, Shivamogga for further needful.

Signature of
Dean (Agri.)/Dean (Hort.)/
Dean (Forestry)

Email I.D.

Mob. No

Approved

Dean (PGS)

NB: Please submit four copies of Form No. 2

No. Dean(PGS)/UAHS/Form No.2,3 & 4/___/___

Date: / /

To,

1. The Concerned Chairperson
2. The Concerned HOD
3. File