



ಕೆಲದಿ ಶಿವಪ್ಪ ನಾಯಕ ಕೃಷಿ ಮತ್ತು ತೋಟಗಾರಿಕೆ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಇರುವಕ್ಕಿ, ಶಿವಮೊಗ್ಗ

**KELADI SHIVAPPA NAYAKA UNIVERSITY OF AGRICULTURAL AND  
HORTICULTURAL SCIENCES, IRUVAKKI, SHIVAMOGGA**

**Directorate of Post Graduate Studies**

**Proposal for Constitution/Re-constitution of Advisory Committee**

1. Name of the Student and ID No.: \_\_\_\_\_
2. Contact Number of the Student: \_\_\_\_\_ E-mail ID.: \_\_\_\_\_
3. Department and Year of Admission : \_\_\_\_\_
4. Tentative Title of the Thesis : \_\_\_\_\_

5. Advisory Committee

Name, designation and complete official address	No. of students for whom working as*						Total	Signature
	Master's			Ph.D.				
		C	M		C	M		
Chairperson:	Jr.			I				
	Sr.			II				
				III				
Co-Chairperson : (if required)	Jr.			I				
	Sr.			II				
				III				
<b>Members</b>								
1.	Jr.			I				
	Sr.			II				
				III				
2.	Jr.			I				
	Sr.			II				
				III				
3.	Jr.			I				
	Sr.			II				
				III				
4.	Jr.			I				
	Sr.			II				
				III				
5.	Jr.			I				
	Sr.			II				
				III				

\*Advisory committee members need to mention number of students for whom they are Chairperson/ Co-chairperson/ Member including the current proposal.

C-Chairperson M-Member

Reason for re-constitution if applicable: \_\_\_\_\_

Date:

Chairperson

Forwarded to Dean (Agri.)/ Dean (Hort.)/ Dean (Forestry)

Date:

Head of the Department

Forwarded to Dean (PGS) for further action

Date:

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

Approved and forwarded to the Director of Education for approval  
No. Dean (PGS)/ KSNUAHS/ Form-1/.....

Date:

Dean (PGS)

“APPROVED”

Date :

Director of Education

To,

The Registrar, KSNUAHS, Shivamogga for Notification.

Remarks

Registrar

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NB: 1. Please submit two copies of Form-1.