



MS FORM 1

**ಕೆಲಡಿ ಶಿವಪ್ಪ ನಾಯಕ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕೃಷಿ ಮತ್ತು ಹೂವಿನ ವಿಜ್ಞಾನ, ಶಿವಮೊಗ್ಗ
ಇರುವಕ್ಕಿ ಕ್ಯಾಂಪಸ್**

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

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				
Members										
1.			Jr.			I				
			Sr.			II				
						III				
2.			Jr.			I				
			Sr.			II				
						III				
3.			Jr.			I				
			Sr.			II				
						III				
4.			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

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