Name of the



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Doctoral Committee Approval Form
Application for the approval of Ph. D. Program
Doctoral Committee
(According Act: C.8.2)

Department/Insti	tute							
<b>Details of Stude</b>	nt:							
Student's Name		:			_			
Student ID		:			Session	1 :	:	
Admission Status		:	Full time / Part time ( Put √ Mark )					
Date of First Enrolment		:						
Student's Address		:						
Student Mobile N	No.	:						
Student Email ID		:						
Supervisor & Co-		:	ACPGS/ACRS Reference :					
Supervisor Appo	intment		CHSR Reference :					
			AC Reference :					
Details of Supervisor		:	Name: :					
			Designation :					
			Department / : Institute					
Details of Co-Supervisor (if any)		:	Name:					
			Designation :					
			Department / :					
			Institute					
			Affiliation :					
	Γ	)et	ails of Completed Courses by	y th	ne Stude	nt		
Course Code	Course Title				Credit Hours		tter ade	GPA (Published Result)
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Signatur	re of Course	e C	Coordinator		Signatur	e of	Tabu	lator



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		To	be	filled up by the Head of the Department/Supervisor	
Expe	cted	Date of Comp	ore	chensive Examination :	
				Proposed Doctoral Committee	
Sl. No.			Designation		
1.	Na	me	:		Chairman
	De	signation	:		(Supervisor)
	Af	filiation	:		(Supervisor)
2.	Na		:		
		Designation			Member
		Department /			(Co-Supervisor)
		titute			(Co Super visor)
	+	filiation	:		
3.				ment/Director of the Institute	Member
	Na	me of the Dep	(Ex-Officio)		
outsi	de 1	•	Ι	m within the University (at least one teacher from Department/Institute) who have Ph. D. degree & fessor	
4.	Na	me	:		
	De	Designation			
	Affiliation		:		Marchan
5.	Name		:		Member (Internal)
	Designation		:		
	Affiliation		:		
6.	Name		<u> </u>		
		signation	:		
		filiation	:		
01 (C	ne)	Professor fro	m	Outside the University	
7.	<del></del>	Name	:	v	
		Designation	:		
		Department			
		/ Institute			
		Affiliation			
	1.		ŀ		
	b.	Name	:		
		Designation	:		Member
		Department	:		(External)
		/ Institute			
		Affiliation	:		
	c.	Name	:		
		Designation	:		
		Department / Institute	:		
		Affiliation	:		



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	To be filled u	p by the Head	d of the Department/Supervisor	after ACPGS/ACRS
Expe	cted Date of Exa	nination :		
ACPO	GS/ACRS Refere			
	I		<b>Doctoral Committee</b>	1
Sl. No.		Designation		
1.	Name	:		
	Designation	:		Chairman
	Affiliation	:		(Supervisor)
2.	Name	:		
	Designation	:		
	Department /	:		Member (Co. Supervisor)
	Institute			(Co-Supervisor)
	Affiliation	:		
3.	Head of the De	artment/Direc	Member	
	Name of the De	partment/Insti	(Ex-Officio)	
4.	Name	:		
	Designation	:		
	Affiliation	:		
5.	Name	:		
	Designation	:		Member
	Affiliation	:		(Internal)
6.	Name	:		
	Designation	:		
	Affiliation	:		
7.	Name	:		Member
	Designation	:		(External)
	Department /	:		
	Institute			
	Affiliation	:		
	1			

Signature & Date:

(Supervisor)

(Head of the Department)