



**ACADEMIC OFFICE**  
**NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI – 620 015**

Date:

**MINUTES OF THE FINAL MEETING OF THE DOCTORAL COMMITTEE**

Name (in Capital letters)	
Roll No.	
Department	
Name of the Research Supervisor(s)	
Date & Time of Meeting	
Thesis title	
Recommended for the Award of Degree as such	Indian <input type="checkbox"/> Foreign <input type="checkbox"/>
Recommended with suggested corrections (Corrected thesis to be submitted)	Indian <input type="checkbox"/> Foreign <input type="checkbox"/>
Summary of final DC meeting:	

Name and Signature of the members with date

External Member

Internal Member

Allied Dept. Member

Research Guide

Chairperson

Associate Dean (MS/Ph.D.)

Dean (Academic) / Director