

2. Present Designation:

1. Name of Recognized Supervisor:

Application for Increase in Seats for Recognized Research Supervisor

Sr. No.	Enrollment No.	Name of Research scholar		Semester		ty in whi
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. Do Sr. No. 1.					JGC Care	
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. Do Sr. No. 1.					JGC Care	
. Do Sr. No. 1. 2.					JGC Care	

I hereby declare that all the information provided by me in this application is

true, complete, and correct to the best of my knowledge and belief. I



Dr. Subhash University – Junagadh.

understand that if any information is found to be incorrect, false, or misleading at any stage, my application may be rejected, and I may be subject to further consequences as per the applicable rules and regulations.

Place:	
Date:	Signature of Recognized Superviso
For Offi	ce Use Only
Recommendation of Doctoral Researc	h Committee (DRC):
Remarks of the Ph.D. Section (if any):	
Dean/Director	Registrar
Centre for Research & Development,	Dr. Subhash University – Junagadh.