

		UNIVERSITY AP Andhra Pradesh
To,		Date:
The Pro Vice	Chancellor,	
SRM Univers		
Andhra Prad	esh – 522 502	
Dear Sir,		
I am submitt	ing the following panel of expert members for my resear	ch scholar Mr. /Ms.
	who has joined the University on <u>DD/MM/</u>	
Committee.	sting you to kindly recommend Two Members from th	
SI. No	Name (Complete Postal Address)	Designation
	Prof. xxxxxxx	
	Designation	
1	Official Address	External Member
	Mail ID: xxxxxxxxxxxxx	
	Contact No: xxxxxxxxxxx	
2	Prof. xxxxxxx	
	Designation	
	Official Address	External Member
	Mail ID: xxxxxxxxxxxxx	
	Contact No: xxxxxxxxxxx	
	Prof. xxxxxxx	
	Designation	
4	Official Address	External Member
	Mail ID: xxxxxxxxxxxxx	
	Contact No: xxxxxxxxxxxx	
	Prof. xxxxxxx	
	Designation	
	Official Address	External Member
	Mail ID: xxxxxxxxxxxxx	

Research Supervisor

External Member

External Member

Recommendations:

5

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	1.	Members in Sl. No.	& Sl. No.	are recommended
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Contact No: xxxxxxxxxxx

Prof. xxxxxxx Designation

Prof. xxxxxxx Designation

Official Address

Mail ID: xxxxxxxxxxxxx Contact No: xxxxxxxxxxx

Official Address Mail ID: xxxxxxxxxxxxxx Contact No: xxxxxxxxxxx

2. Faculty Member from the Allied Department to be nominated by the Pro VC

Pro Vice Chancellor

Address: Neerukonda Village, Mangalagiri Mandal, Guntur District, Andhra Pradesh 522502