

**BANGLADESH UNIVERSITY OF ENGINEERING AND TECHNOLOGY, DHAKA**  
**OFFICE OF THE MEMBER SECRETARY OF THE COMMITTEE FOR**  
**ADVANCED STUDIES & RESEARCH, BUET, DHAKA.**

=====

Application for the approval of **Doctoral Committee** for the Doctor of Philosophy (Ph. D) degree. All the items of the following list must be mentioned and filled up properly. **Please submit eighteen (18) copies.** [one original and other 17 photocopies in the same size full script Plain paper].

Date : \_\_\_\_\_

1. Name of the student : \_\_\_\_\_ (Block Letters) Status   
 Full-Time   
 Part-Time  
Roll No. \_\_\_\_\_ Session \_\_\_\_\_
2. Present Address & Cell Phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Name of the Department / Institute \_\_\_\_\_
4. Date of First Enrolment into Ph. D Programme \_\_\_\_\_
5. Doctoral committee approved by BPGS/RAC reference:  
Meeting No. \_\_\_\_\_ Resolution No. \_\_\_\_\_ Date : \_\_\_\_\_
6. Appointment of Supervisor & Co-Supervisor Approved by the CASR Meeting No. (if any): \_\_\_\_\_  
Resolution No. \_\_\_\_\_ Date \_\_\_\_\_
7. Name and Address of the Supervisor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Name and Address of the Co-Supervisor (if any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of the Student**

Count/2



**To be filled up by the Head/Supervisor**

9. Expected date of Comprehensive Examination \_\_\_\_\_

10. Tentative title of the research work: (Block Letters) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Suggested Doctoral Committee (with full address)

(i) Name \_\_\_\_\_ (Supervisor) Chairman  
Designation \_\_\_\_\_  
Address \_\_\_\_\_

(ii) Name \_\_\_\_\_ (Co-Supervisor) Member  
Designation \_\_\_\_\_ If any  
Address \_\_\_\_\_

(iii) Head/Director of the dept./Inst. \_\_\_\_\_ (Ex-Officio) Member  
Designation \_\_\_\_\_  
Address \_\_\_\_\_

(iv) Name \_\_\_\_\_ Member  
Designation \_\_\_\_\_  
Address \_\_\_\_\_

(v) Name \_\_\_\_\_ Member  
Designation \_\_\_\_\_  
Address \_\_\_\_\_

(vi) Name \_\_\_\_\_ Member  
Designation \_\_\_\_\_  
Address \_\_\_\_\_

(vii) Name \_\_\_\_\_ Member  
Designation \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
**Signature of the Head/Director of the Dept./Inst.**

Date \_\_\_\_\_

\_\_\_\_\_  
**Signature of the Supervisor**

Date \_\_\_\_\_