

Annexure X

DETAILS OF RESEARCH ADVISORY/ DOCTORAL COMMITTEE

Sr. No.	Name of Research Advisory/ Doctoral Committee/Subject expert Member	Designation
1		
2		
3		
4		
5		
6		

Date:



Signature, Name and stamp of Dean/Principal/Director
PRINCIPAL
Matoshri Ayurved College,
Eklahare, Nashik

Signature of Member

Signature of Member

Signature of Chairman