

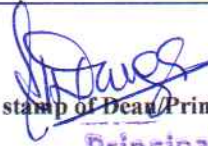
Annexure XIV

DETAILS OF RESEARCH ADVISORY/ DOCTORAL COMMITTEE

Sr. No.	Name of Research Advisory/ Doctoral Committee/Subject expert Member	Designation
1		
2		
3	NOT Applicable	
4		
5		
6		

Date:

Signature, Name and stamp of Dean/Principal/Director



Principal

Jupiter Ayurved Medical College
Nagpur.



Signature of Member

Signature of Member

Signature of Chairman