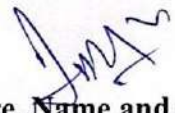


College Letter Head**Details of Research Advisory/ Doctoral Committee**

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

Date:


Signature, Name and stamp of
Dean/Principal/Director

शासकीय होमिओपैथिक
वैद्यकीय महाविद्यालय, जळगांव