

Office of the Dean(Academic)  
Krishna Kanta Handiqui State Open University  
Resham Nagar:: Khanapara:: Guwahati -22

Ref. No.: KKHSOU-DA-Guideship Dissertation-3-2022/01

Date: 31/08/2022

**Notification**

It is for general information to all the Centre Incharge/Coordinators of KKHSOU Study Centres that they are requested to submit the list of approved Project/Dissertation Guide(s) along with the list of Guide(s) to be approved for their respective Study Centres to Dean (Academic) in the email id [deanacademic@kksou.in](mailto:deanacademic@kksou.in) within seven (7) days from the date of the notification. It is of further information that the Project/Dissertation Guide(s) as approved and to be approved should be in the rank of Assistant Professor or equivalent and above. Retired Teachers/Professors may also be entrusted as Guide(s). The format for submission of list of Guide(s) is enclosed as reference.

This is issued with the approval of the Hon'ble Vice Chancellor.

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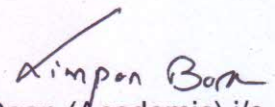
Dean (Academic) i/c  
KKHSOU

Memo No: KKHSOU-DA-Guideship Dissertation-3-2022/01

Dated: 31/08/2022

Copy to:

1. Secretary to Vice- Chancellor for kind information.
2. Registrar for kind Information.
3. Dean (Study Centre).
4. Controller of Examinations.
5. Finance Officer.
6. Centre Incharge/Coordinator, Study Centres, KKHSOU.
7. System Analyst for Upload in the website and for circulation.
8. Office File.

  
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**KRISHNA KANTA HANDIQUI STATE OPEN UNIVERSITY  
GUWAHATI – 781022**

**Format for Allocation of Guide(s) for Project/Dissertation**

| Sl. No. | Name of the Guide(s) | Designation | Subject Specialization | Teaching/Research Experience (in years) | Contact No. | Email Id. |
|---------|----------------------|-------------|------------------------|---|-------------|-----------|
| 1       |                      |             |                        |   |             |           |
| 2       |                      |             |                        |   |             |           |
| 3       |                      |             |                        |   |             |           |
| 4       |                      |             |                        |   |             |           |
| 5       |                      |             |                        |   |             |           |
| 6       |                      |             |                        |   |             |           |
| 7       |                      |             |                        |   |             |           |
| 8       |                      |             |                        |   |             |           |
| 9       |                      |             |                        |   |             |           |
| 10      |                      |             |                        |   |             |           |

I have consulted/Interacted with all above faculty members of their area of Specialization. The name of the faculty members are provided in the order of priority for approval of Guide(s).

Date:

Signature of Coordinator

Recommendation of the Centre In charge

Signature of Centre In charge