



ALLIANCE UNIVERSITY

Private University established in Karnataka State by Act No.34 of year 2010
Recognized by the University Grants Commission (UGC), New Delhi

Annexure 2

MINUTES OF FIRST RAC

Date of Meeting : _____

Time : _____

Fee Details (Enclose Copy)

Date	Amount	Receipt No.

Scholar Details:

- Name (Mr./Ms.) : _____
- Registration Number : _____
- Year of Admission : _____
- Category : FULL TIME / PART TIME (Internal) / PART TIME (External)
- Department/School : _____
- Mobile No : _____
- Email : _____

Supervisor Details:

- Name of the Supervisor:
- Name of the Co-Supervisor (if any):

The following members were present.

Sl. No.	Name of the Expert & Mobile No.	Office Address
1		
2		
3		

PROPOSED RESEARCH AREA:

The committee has approved the area of research proposed and directed the candidate to go ahead with the literature review and suggested to register for the following courses.



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Sl. No.	Course Code	Title of the course	Place of undergoing the Course
1			AU Bengaluru
2			
3			
4			
5			
6			
7			

Signature & Name
of Internal Member - 1

Signature & Name
of Internal Member - 2

Signature & Name
of External Member

Signature & Name
of Supervisor

Signature & Name
of Co-Supervisor (If any)

Director-Research
(Academics)