Annexure 6

MINUTES OF THIRD RAC (TITLE & RESEARCH PROPOSAL FINALIZATION)

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.		

RECOMMENDATIONS OF THE COMMITTEE:

After evaluating the research scholar presentation thoroughly, the committee recommends confirming the following research title of the above PhD scholar along with submission of research proposal.

RESEARCH TITLE :

_____

_ _____

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)