

**RESEARCH PROPOSAL EVALUATION**  
**STUDENT DOCTORAL COMMITTEE (SDC)**

Date: .....

1. Department : .....
2. Research Scholar : .....
3. Registration Number : ..... Reg. Date.....
4. Thesis Title : .....
5. Supervisor Name : .....
6. Co-Supervisor Name (If any) : .....
7. Type of Registration : Full-time ☐ Part time Internal ☐ Part time External ☐
8. Proposed Title : .....  
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9. Proposed Objectives : .....  
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10. SDC Recommendations : Recommended to DRC ☐ Not Recommended ☐

S. No.	SDC Member	Signature with Date
1.		
2.		
3.		
4.		
5.		
6.		

**RESEARCH PROPOSAL EVALUATION**  
**DEPARTMENTAL RESEARCH COMMITTEE (DRC)**

Date: .....

1. Department : .....
2. Research Scholar : .....
3. Registration Number : ..... **Reg. Date**.....
4. Thesis Title : .....
5. Supervisor Name : .....
6. Co-Supervisor Name (If any) : .....
7. Type of Registration : Full-time ☐ Part time Internal ☐ Part time External ☐
8. DRC Recommendations:

(i) Title : .....  
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(ii) Objectives : .....  
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The above-mentioned title and objectives are approved for the PhD thesis.

YES ☐

NO ☐

(iii) Comments (If not recommended) .....  
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S. No.	DRC Member	Signature with Date
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2.		
3.		
4.		
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