

**DEPARTMENTAL RESEARCH COMMITTEE (DRC)**

**Agenda:**

☐ Pre-Synopsis

☐ Other.....

**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. SDC Comments** : *(Attach detailed report alongwith SDC recommendations)*

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**9. DRC Recommendations** : Recommended ☐ Not Recommended ☐

**(Comments)**.....

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