Form No: HITS/CRC/ 004



# CENTRE FOR RESEARCH AND CONSULTANCY

#### MINUTES OF FIRST MEETING OF THE DOCTORAL COMMITTEE

<ol> <li>Date of the Meeting</li> <li>Registration No. and Name of the Scholar</li> <li>Department in which registered</li> <li>Name and Designation of Supervisor</li> </ol>		: : :	••••			
Topic of Re	search	:				
1 2 3 4	eeting:					
Course Code	Title		L	Т	P	C
Signature of the HoD  Name & Designation:		Signature of the Supervisor  Name & Designation:				
Signature of Internal Member  Name & Designation:		Signature of External Member  Name & Designation:				
	Registration Department Name and E Topic of Re  inutes of Me 1 2 4  Course Code  gnature of tame & Desi	Registration No. and Name of the Scholar Department in which registered Name and Designation of Supervisor  Topic of Research  inutes of Meeting:  1 2 3 4  Course Code  Title  gnature of the HoD  ame & Designation:	Registration No. and Name of the Scholar Department in which registered Name and Designation of Supervisor  Topic of Research ::  inutes of Meeting: 1 2 3 4  Course Code Title  Gnature of the HoD  Signature of the Scholar  Signature of the Scholar  Signature of External Member  Signature of External Member	Registration No. and Name of the Scholar Department in which registered Name and Designation of Supervisor  Topic of Research  inutes of Meeting: 1 2 3 4  Course Code Title L  Guarture of the HoD Signature of the Supervisor  Signature of External Member  Signature of External Member	Registration No. and Name of the Scholar Department in which registered Name and Designation of Supervisor  Topic of Research  inutes of Meeting: 1 2 3 4  Course Code Title L T  Guarder Title L T  Signature of the HoD Signature of the Supervisor Name & Designation:  gnature of Internal Member Signature of External Member	Registration No. and Name of the Scholar Department in which registered Name and Designation of Supervisor  Topic of Research :: inutes of Meeting: 1 2 3 4  Course Code Title L T P  Grade Signature of the HoD Signature of the Supervisor  Name & Designation:  Signature of External Member  Signature of External Member

Signature of Chairman

**Official Address:** 

Name & Designation:

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## CENTRE FOR RESEARCH AND CONSULTANCY

#### MINUTES OF SECOND DOCTORAL COMMITTEE MEETING

<ol> <li>Date of the Meeting</li> <li>Registration No. and Name of the Scholar</li> </ol>	: :			
<ul><li>3. Department in which registered</li><li>4. Name and Designation of Supervisor</li></ul>	: :			
5. Topic of Research	· :			
Minutes of Meeting:				
1.				
2.				
3.				
4.				
5				
Signature of the HoD	Signature of the Supervisor			
Name & Designation:	Name & Designation:			
Signature of Internal Member	Signature of External Member			
Name & Designation:	Name & Designation:			
	Official Address:			
Signature of Chairman				

Name & Designation:

Form No: HITS/CRC/ 004



### CENTRE FOR RESEARCH AND CONSULTANCY

### MINUTES OF SYNOPSIS COMMITTEE MEETING

Signature o	of Chairman
	Official Address:
Name & Designation:	Name & Designation:
Signature of Internal Member	Signature of External Member
Name & Designation:	Name & Designation:
Signature of the HoD	Signature of the Supervisor
5	
4.	
3.	
2.	
1.	
Minutes of Meeting:	
. 5. Topic of Research	:
<ol> <li>Department in which registered</li> <li>Name and Designation of Supervisor</li> </ol>	: :
2. Registration No. and Name of the Scholar	:
1. Date of the meeting	:

Signature of Chairman Name & Designation: