College/School/Department of ..........................................................................................................

**RDC EVALUATION REPORT**

(Constitution of RDC as par Ph.D. Ordinance)

**Semester .......................... to .......................... Date : .............................**

**Name of the Ph.D. Candidate : ..................................................................................................................**

**Status (Part Time / Full time) : ………………………………………………………………………………….**

**Name of Organisation : …………………………………………………………………………………...**

**(In case of Part time)**

**Enrollment No. : ..................................................................................................................**

**Date of Admission : ..................................................................................................................**

**RDC Approval Date : ..................................................................................................................**

**Ph.D. Topic : ..................................................................................................................**

 **: ..................................................................................................................**

**Recommendation/Suggestion of RDC:**

|  |
| --- |
|  |

**Evaluation Committee**

**Designation Name Signature**

Chairperson (Vice Chancellor) .................................................................. ..............................................

Member Secretary (Head-PhD)

DRC Chairperson .................................................................. ..............................................

RDC Expert (Outside Institute) .................................................................. ..............................................

Internal Expert .................................................................. ..............................................

Supervisor/Co-Supervisr .................................................................. ..............................................

(Should be submitted to Vice-Chancellor through Coordinator Research and Registrar)

**PROFORMA FOR APPROVAL OF RDC EXPERT**

**Name of the Ph.D. Candidate : ..................................................................................................................**

**Enrollment No. : ..................................................................................................................**

**Department : ..................................................................................................................**

**Date of Registration : ..................................................................................................................**

**RDC Approval Date : ..................................................................................................................**

**Name of Supervisor(s) : ..................................................................................................................**

 **: ..................................................................................................................**

**Course work Completed** Yes [ ] / No [ ]

 Certified that the candidate has completed the required course work. The following panel of experts is being submitted for approval for the constitution or RDC:

**Expert External to the Institute**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Name, Department and complete Address with Email and Phone No.** | **Designation** | **Specialization** |
| 1. |  |  |  |
| 2. |  |  |  |

 **Name & Signature of Supervisor(s)**

**Name & Signature of HOD Name & Signature of Dean**