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 Meeting Date : ..................................................................................................................**

**Ph.D. Topic (Proposed) : ..................................................................................................................**

**Ph.D. Topic (Approved by RDC) : ..................................................................................................................**

**Recommendation/Suggestion of RDC:**

**Evaluation Committee**

**Designation Name Signature**

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

Dean of the Department …….……………………………………… ……………………………

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

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

Head Ph.D. ……………………………………………. …………………………………..

Chairperson (Vice Chancellor)/ Nominee ......................................................... ..............................................

(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 Proposed 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. |  |  |  |
| 3. |  |  |  |

SUPERVISOR HEAD DEAN

**Name of External Expert Approved:**

**(Above panel /Out side)**

**Name & Signature of Head Ph.D. VC / Nominee**