



**CMR  
UNIVERSITY**

Private University Estd in Karnataka State by Act No. 45 of 2013

**DIRECTORATE OF RESEARCH AND INNOVATION**

**CMR University**

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Date:

**Request for Constitution of Research Advisory Committee**

1. Name of the Candidate :

2. Registration Number :

3. School / Department Where Registered :

4. Status (Please Tick the Relevant One) :

Full Time	Part Time ( Internal)	Part Time (External)

5. Date of Registration :

6. Field of Investigation :

7. Topic of Research :

8. Name of the Supervisor :

9. Name of the Joint Supervisor  
Research Advisor (If Any) :

10. Panel of External Experts (Outside the University) and Internal Experts (From the  
School /Department of CMRU)

a. External Experts (Please Suggest a Minimum of Three Names)

Sl. No.	Name	Designation & Official Address, E-Mail, Phone & Fax Number
1.		
2.		
3.		

**b. Internal Experts**

<b>Sl. No</b>	<b>Name</b>	<b>Designation and Department</b>
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		

Date:

*Signature of the Supervisor*

The following Chairperson / Co-Chairperson and members are nominated to the RAC.

<b>Sl. No.</b>	<b>Name of the Chairperson, Designation &amp; Address</b>	<b>Name of the Co-Chairperson, Designation &amp; Address (as applicable)</b>	<b>Name of the External Member, Designation &amp; Address</b>	<b>Name of the Internal Member, Designation &amp; Address</b>
1.				

*Signature of the Dean/ Director*

*Signature of the Director (DORI)*

*Vice Chancellor*