

**Directorate of Research and Innovation
Research Advisory Committee**

Name of Research Scholar:	
University Register Number:	
Research Topic:	
Date of RAC	

Sl. No	Doctoral Committee Composition	Name and Designation	College/Organization, e-mail, Mobile	Signature
1	Dean / Chairperson (as Applicable)			
2	Director/ Co-Chairperson (as Applicable) - Member			
3	Director DORI (Member)			
4	Domain Expert-1 (External Subject Expert)			
5	Domain Expert-2 (Internal Subject Expert)			
6	Co- Supervisor (as Applicable)			
7	Special Invitee/ Head of the Research Center (as Applicable)			
8	Research Supervisor (Member Convener)			

* Write NA wherever not applicable

* Domain Expert (External)= Expert from Outside CMR University should be Expert in Research Topic.

*Domain Expert (Internal)= Expert from CMR University/ CMR Institute of Technology but should be Expert in Research Topic.

*The RAC constitution form shall be approved by the Vice Chancellor, together with his nominations for Chairperson, Co-Chairperson, External Expert, and Internal Expert

**Director, DORI
(Signature)**

Ph.D. Program -

Batch

Proceedings of RAC Meeting No:

Directorate of Research and Innovation		Date:
School:		Discipline:
Name of the Candidate:		Registration No:
Subject/Specialization:		Mode:
Research Topic:		
SL. No.	Agenda	Observations & Recommendations
1	Review of Performance for the Period	
2	Domain Specific course work Title recommended/completed Status	
3	Discussion points raised by the Scholar	
4	Recommendations of the committee for further work	
5	Any Other Specific Observations and suggestions to the scholar	
6	Recommended	RAC <input type="checkbox"/> Pre-Colloquium <input type="checkbox"/> Thesis Submission <input type="checkbox"/>

Note: If necessary, the committee can attach a detail note regarding the performance of the Scholar

Research Supervisor
Name:

Co-Supervisor
Name:

Subject Expert(External)
Name:

Subject Expert (Internal)
Name:

Special Invitee /HRC
Name:

Chair Person
Name:

Co-Chair Person
Name:

DORI
Name:

Directorate of Research and Innovation

School of ----- - RAC/ Pre-Colloquium – Date:-----

Bank account details	
Subject Expert	
School	
Contact No.	
Honorarium	
Transportation charges	
Total	
Name as per account	
Bank	
Account No.	
Branch	
IFSC	

Research Scholars details

SI NO	Name Of the Scholar	Reg NO	School	Discipline	RAC No	RAC Date
1						

Research Supervisor details

SI NO	Name of Research Supervisor	Designation	School	Campus
1				

Research Supervisor:

Dean / Director:

Director, DORI:



DIRECTORATE OF RESEARCH AND INNOVATION

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DIRECTORATE OF RESEARCH AND INNOVATION

Research Advisory Committee

Research Scholar Attendance Sheet

School of _____ **Date:** _____

SL. No.	Name of the Scholar	Registration No	Contact No	Signature

**Director, DORI
(Signature)**