

Directorate of Research & Development JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY GURAJADA VIZIANAGARAM APPLICATION FORM FOR RRM

For the AY 2019-20 Admitted and Earlier Batches

Name	of the Scholar					
Branch / Department						
Roll N	umber					
Schola	r Contact Details					
(Mobile	e No. & e-Mail Address)					
Supervisor Contact Details (Name, Mobile No. & e-Mail Address)						
	pervisor Contact Details Mobile No. & e-Mail Addre	ss)				
Title o	of Research Work					
Area	of Research Work					
Progress of the Work Submit in a separate sheet along with the signature						of Supervisors
Details of Pre-Ph.D. Courses: (Enclose Relevant documents)						
S.No	Pre-Ph.D. Courses: ()					
1	Audit course	Teal of completion				
2	Credit course					
3	Pre-Ph.D Subject – 1					
4 Pre-Ph.D Subject – 2						
Details of RRMs attended: (Enclose the Reports)						
S.No Date of RRM St		atus of the work	Satisfactory/Not satisfactory		ory	
1						
2						
Details of Publications: (Use separate sheet if necessary)						
S.No	Title of the Paper		Name of the Authors	Journal / Conference Details	Free / Paid	Impact Factor
1						
2						
3						
				<u>l</u>		

Name & Signature of the Scholar