APPLICATION FORM FOR APPROVAL OF RESEARCH PLAN FOR M.PHIL./PH.D. PROGRAMME

1.	Name in Research Scholar in Full
2.	Name of Programme: M.Phil./ Ph.D. Enrolment No
3.	Name of Discipline
4.	Name of the Department/Faculty
5.	Mode of Programme: Full-Time / Part-Time (For working Professionals)
6.	NOC/Sponsoring Certificate of employer submitted (for working professionals): YES/NO
7.	All dues towards the University are cleared: YES/NO
8.	Course Work Completed: YES/NO
9.	Research Methodology Course Completed: YES/NO
10.	Copies of Research Plan Submitted:
11.	Title of Research Plan
12.	Name of Supervisor
I	
D	ate of Submission: Signature of the Scholar
Remarks of Supervisor	
N	ame and Signature of Supervisor
FOR OFFICE USE ONLY	
Remarks of HOD/ Dean of Faculty	
N	ameSignature
Date of RAC meeting	
Remarks of Dean, R&D/ Research Coordinator	
NI	OTE, DI EASE ATTACU TUE CODIES OF DEGLIDED CEDTIFICATES FEE SLID(S), AND DEGLIDED

NUMBER OF COPIES OF RESEARCH PLAN