



ADITYA UNIVERSITY

Research Review Meeting – Evaluation Report

Department of

1. Name of the Student :
2. Roll No. :
3. Name of the Supervisor :
4. Name of the Co-Supervisor (if any) :
5. Title of the Research :

6. Research Review Meeting (RRM) No. :

1	2	3	4	5	6
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7. Date of the RRM attended :

8. Date of previous RRM :

Doctoral Advisory Committee Members' Feedback			
Any Suggestions/Remarks:			
Recommendation: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory			
Members	Name	Date	Signature
DAC Convener			
Expert Member 1			
Expert Member 2			

Signature of DRC Convener

Signature of the Head of the Department