Children’s Research University, Gandhinagar

Report of Research Advisory Committee

**(For submission of the Synopsis)**

Name of Ph.D. Scholar :

Title of the Thesis :

Name of Research Supervisor :

Subject :

Registration No. & Date :

Recommendations of Committee : (Please put **√** mark in the below box)

|  |  |  |
| --- | --- | --- |
| A | The Synopsis be accepted in its present form | ( ) |
| B | The Synopsis may be accepted after due corrections | ( ) |
| C | The Synopsis be rejected | ( ) |

**Note:** Give your remarks for correction or revision in the Synopsis (if any).

 (A separate sheet of the paper can be used if below space is insufficient)

Date of RAC: Time of RAC:

**Name & Signature of the Members :**

Expert : 1 Expert : 2 Research Supervisor & Convener