Periyar Nagar, Vallam Thanjavur - 613 403, Tamil Nadu, India Phone: +91 7358053699, Fax: +91 - 4362 - 264660 Email: xxxxxxx @pmu.edu Website: www.pmu.edu



FORM - DR2A

Ref: PMU/ Year/ Dept./ Office Note No. / Date:

Sub: Report of the DC meeting

Respected Sir,

The first doctoral committee meeting for Mr./Ms. xxxxxxxx.(Reg.No, Batch, Fulltime/ Part-Time,) was held at xxxxxxxx.on----- by-----A.M/P.M. The Doctoral committee has given its assessment and suggestion for continuing / not continuing his/her research work.. The assessment and recommendations of the committee are enclosed herewith for the kind consideration and approval.

	Research Supervisor Name:
Remarks (Mandatory)	
Date:	HoD / xxxxx
Remarks (Mandatory)	
Date:	Dean (Research)
VC's Approval	



FIRST DOCTORAL COMMITTEE MEETING REPORT

Name of the Scholar	:				
(In Block letters)					
Register Number	:				
Department	:				
Mode of Admission	:	Regular	Internal	External	
(Tick Appropriate box)			Part Time	Part Time	
Title of the Research					
Work	:				
Date and Time of DC	:				
Meeting					
Venue	:				

The Doctoral committee has given its assessment and suggestion for continuing/ Not continuing his/her research work. The assessment and recommendations of the committee are given below for the kind consideration and approval.

- 1. Whether title is appropriate?
- 2. Whether the proposal meets the requirement of Ph.D?
- 3. Whether objectives are well defined?
- 4. Comment on the Methodology to be used:

5.	Whether the candidate made adequate literature survey?	
6.	Whether the candidate is having research potential to carr	y out Ph.D work?
7. 8.	Whether the candidate has adequate background in the rel Comment on Candidate's research aptitude:	evant research?
9. 10.	Whether the candidate will complete the entire course wit stipulated period? Any other points:	h in the
DC Nan	Member I ne:	DC Member II Name:
DC Nan	Member III ne:	Research Supervisor Name:

PERIYAR MANIAMMAI UNIVERSITY

(Under Sec. 3 of UGC Act. 1956)

Minutes of First Doctoral Committee Meeting

The first Doctoral Committee Meeting for the Scholar Ms./Mr xxxxxxx was held on (Month & Date) at (Venue).

Members Present

Members

Sl. No.	Name	Position (Supervisor / DC Member)	Signature
(1)		-	
(2)			
(3)			
(4)			

The Scholar presented his/her proposed plan of work. The DC members provided necessary suggestions to improve the quality of Research Work.

The DC Members recommended 4/3/2 course work subjects for the candidate as listed below
1
2
3
4
The contents of Directed Study Course Works were designed & verified by the DC

DC Member I
Name:

Name:

Name:

DC Member III

Name:

Research Supervisor

Name:

COURSE WORK REGISTRATION FORM

I. DETAILS OF THE SCHOLAR

1. Name of the Scholar

2. Registration No :

3. Title of the Research

4. Address of the scholar with E-mail id and Mobile

5. Department in which the candidate is doing research

6. Category of registration : Full Time / Part Time

II. COUSE WORK REGISTERED IN THE CURRENT SEMESTER:

Sl.No.	Course Code	Course title	Regulation	Course Type (Core / Elect. / Directed Study)	Branch Offering the Course	Tentative Month &Year of appearing exam	Course Teacher's Name	Course Teacher's Signature
1.								
2.								
3.								
4.								

Research Supervisor	HOD / xxxx
Name:	Name:

Enclose: syllabus

Syllabus Format:

Course Code	Subject Name	L	T	P	C
Regulation:					

OBJECTIVES:

Unit – I: *******

Unit – II: ******

Unit – III: ******

Unit - V: *******

Unit - VI: ******

Reference: *******

Supervisor Signature