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





School of xxxxxxxxxx **Department of xxxxxxxxxx** 

FORM - DR5B

## Minutes of the Seminar Talk I/II

Ref:	PMIST/	Year/	Dept. /	<b>Office</b>	Note	No./	Date:
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Respected sir,

The following research scholar of the department of \*\*\*\* has given I / II seminar presentation on \*\*\*\* at \*\*\*\* in \*\*\*\*, PMIST.

Name of the Scholar	Register No	Seminar Topic

The research supervisor, faculty members, research scholars, PG students and UG students of \*\*\*\*\* department have attended the seminar.

Herewith the feedback of the research scholar's presentation has been enclosed by the research supervisor and DC members for your kind perusal.

Research Supervisor Name:	(if Applicable) Co-Research Supervisor	HOD / *****
Recognition No.	Name:	
Remarks:		
Date:		Dean (XXXXX)
Remarks:		
Date:		Dean (Research)
VC's Approval		

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## Attendance (Seminar Talk-I / II)

S No Name		Designation / Vear	Denartment	Signatu
Venue	:			
Date and Time	:			
Seminar Topic	:			
Name and Designation of the Research Supervisor	:			
Mode of Admission (Tick Appropriate box)	: Regular	Internal Part Time	External Part Time	
Department	:			
Register Number	:			
(in Block letters)				
Name of the Scholar	:			

S.No	Name	Designation / Year	Department	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				

## Feed Back Form (Seminar Talk-I/II)

Name of the Scholar	:	
Register No	:	
Topic of the seminar	:	
Date	:	
Feed back:-		
		Signature with Name
	Feed Back Form (Seminar Talk-I/II)	
Name of the Scholar	:	
Register No	:	
Topic of the seminar	:	
Date	:	
Feed back:-		
		Signature with Name