

INDIAN INSTITUTE OF PUBLIC HEALTH GANDHINAGAR
(A University established under IIPHG Act, 2015 of Gujarat)

ANNEXURE 2: FORMAT FOR RESEARCH ADVISORY COMMITTEE MEETING

RAC Meeting No.	Date of RAC Meeting:
Name of the Scholar	
Registration Number & Date of Registration	
Fellowship -CSIR/UGC/ICMR/Others (If others, please specify)	
Name of the Research Supervisor	
Name & affiliation of the co-supervisor (if any)	
Title of the proposed thesis:	

Comments by RAC members

1.
2.
3.
4.
5.

***Please attach additional sheet, if required and obtain signature of members on it**

Recommendation: Recommended Recommended with suggestions

Not-recommended If not recommended (Give reason):

Name, Designation, & Affiliation
(RAC Member - External)

Name & Designation
(RAC member - Internal)

Name & Designation
(RAC Member – Department Head)

Name & Designation
(Research Supervisor)

Name, Designation, & Affiliation
(Co-Supervisor) if any

(Ph.D. Coordinator)