

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

ANNEXURE 1: 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 PhD thesis:	
Action taken on previous RAC recommendations	
Recommendations by members on current RAC meeting	

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

Recommendation: Recommended Recommended with suggestions
 Not-recommended. If not recommended, provide reasons:

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

Name & Designation
(RAC member - Internal)

Name & Designation
(Department Head)

Name & Designation
(Research Supervisor)

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

(Doctoral Studies Cell)

(Registrar)

(Director)