

Periyar Nagar, Vallam Thanjavur - 613 403, Tamil Nadu, India
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MANIAMMAI
UNIVERSITY**

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School of xxxxxxxxxxxx
Department of xxxxxxxxxxxx

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:

Recognition No.

Remarks (Mandatory)

Date:

HoD / xxxxx

Remarks (Mandatory)

Date:

Dean (Research)

VC's Approval

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FIRST DOCTORAL COMMITTEE MEETING REPORT

Name of the Scholar :
(In Block letters)
Register Number :
Department :
Mode of Admission : Regular Internal Part Time External Part Time
(Tick Appropriate box)
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 carry out Ph.D work?

7. Whether the candidate has adequate background in the relevant research?
8. Comment on Candidate's research aptitude:
9. Whether the candidate will complete the entire course within the stipulated period?
10. Any other points:

DC Member I

Name:

DC Member II

Name:

DC Member III

Name:

Research Supervisor

Name:

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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

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

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 Members

Enclose: syllabus

DC Member I

Name:

DC Member I

Name:

DC Member III

Name:

Research Supervisor

Name:

I. DETAILS OF THE SCHOLAR:

- 1. Name of the Scholar :
- 2. Registration No :
- 3. Category of registration : Full Time / Internal Part Time / External Part Time
- 4. Department in which the candidate is doing research :
- 5. Title of the Research :
- 6. Address of the scholar :
- 7. E-mail id and Mobile :

II. DETAILS OF COUSE WORKS:

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

Research Supervisor
Name:

HOD / xxxx
Name:

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
Name:**