PRESIDENCY UNIVERSITY
KOLKATA

Report of Research Advisory Committee

Date of Meeting:

Department/school/institute: _____ Faculty: ☐Arts ☐Science

Name of the Candidate: _____

Enrollment Number: _____ Date of Enrollment: _____

Registered Thesis Title: _____

Date of Title Registration: _____

Contact Number: _____ E-mail ID: _____

Recommendation of the RAC with comment: Recommended/ Not Recommended Comment (if any) (Detailed Report may be attached):
Signatures of the members

Earlier RAC Meeting Dates

1)	2)	3)	4)	5)	6)
7)	8)	9)	10)	11)	12)

Date: **Full Signature of the convener of the Committee (Supervisor)**