**Institutional Protocol Approval Committee (IPAC) presentation**

**Check-list for the MAHE Representative**

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| --- | --- | --- |
|  | **Items** |  |
|  | Name of the PhD scholar |  |
|  | Registration Number:  |  |
|  | Date of Registration: |  |
|  | Proposed Thesis Title |  |
|  | Name of the Guide |  |
|  | Name of the Co-Guide/s |  |
|  | Institute Name:  |  |
|  | Date of IPAC presentation  |  |
|  | Number of IPAC members present |  |
|  | Duration of presentation by the candidate (start time and end time) |  |
|  | IPAC presentation (tick) |  |
|  | IPAC members asked questions and provided suggestions |  Yes No |
| PhD scholar answered questions |  Yes No |
| Guide attended the presentation |  Yes No |
| Co-guide attended the presentation |  Yes No |
|  | IPAC decision ( please tick) during presentation  |
| Approved  | Suggestions for revision  | Rewrite the protocol  | Reject  |
| 13 | Confidential remarks to CDS, if any |  |

Name of MAHE Representative:

Date & Signature:

Note : MAHE representative to submit the filled and signed observer checklist to CDS.