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

**Check-list for the MAHE Representative**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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.