

Directorate of Research & Development
JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY KAKINADA
APPLICATION FORM FOR RRM

(Scanned copy of the filled in application (Single Page) must be emailed to pa2rdjntuk@gmail.com on or before **20.02.2019**)

Name of the Scholar	
Branch / Department	
Year of Admission	
Roll Number	
Scholar Contact Details (Mobile No. & Email)	
Supervisor Name Contact Number (s) Email address	
Co-Supervisor Name Contact Number (s) Email address	
Title of Research Work	
Area of Research Work	
Progress of the Work	(Submit in a separate sheet)

Details of Publications (Use separate sheet if necessary)

S.No	Title of the Paper	Name of the Authors	Journal / Conference Details	Free / Paid	Impact Factor	Extra Authors (if any) (Under taking letter from co- authors)
1						
2						
3						

Details of RRM's attended:

S.No	Date of RRM	Status of the work	Satisfactory/not satisfactory
1			
2			
3			

Name & Signature of the Scholar

Name & Signature of the Supervisor

Name & Signature of the Co-Supervisor