



# BIKANER TECHNICAL UNIVERSITY, BIKANER

## बीकानेर तकनीकी विश्वविद्यालय, बीकानेर

### OFFICE OF DEAN RESEARCH

#### Format for Research Proposal

#### Section-A

(To be filled by Ph.D. scholar)

1. Name of Research Scholar \_\_\_\_\_
2. Title of Research Proposal \_\_\_\_\_  
\_\_\_\_\_
3. Name of the Supervisor (s) \_\_\_\_\_
4. Date of initial Registration \_\_\_\_\_
5. Enrolment No. \_\_\_\_\_
6. Research Proposal report should clearly state the rationale behind the proposed research, objectives of the research and work-plan including research methodology adopted and same is to be attached.

Date: \_\_\_\_\_

(Signature of Scholar)

#### Section – B

(to be filled by supervisor(s))

The research proposal of Mr./Ms. \_\_\_\_\_ is hereby forwarded for consideration of DRC. He/she has successfully completed the stipulated requirements of course works as per the Bikaner Technical University Ph.D. ordinance.

Panel of the Subject Experts proposed by Supervisor for evaluation of Research Proposal:

S. No.	Name of the Expert with Designation	Department/ Institute (with Office Address including Contact Numbers, email)
1.		
2.		
3.		
4.		
5.		

(Note: Examiners should be the rank of Professor, in case Professor is not available, Associate Professor will be considered from the recognize institutions (preferably from IIT/ IIM/ NIT))

Date: \_\_\_\_\_

(Signature of supervisor(s))

Head of the Institute

Head of Department/Centre



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#### Section – C

(Recommendation of DRC)

The research proposal has been checked and looks okay for further presentation as per Regulation/ Revision is required (comments: \_\_\_\_\_)

Forwarded to Dean Research Office.

Dated: \_\_\_\_\_

Chairperson, DRC

#### Section – D

(For use of Dean Research office)

Following subject experts/ examiners may be included in the panel of examiners:

S. No.	Name of the Expert with Designation	Department/ Institute (with Office Address including Contact Numbers, email)
6.		
7.		
8.		
9.		
10.		
11.		

Date: \_\_\_\_\_

Dean Research

Submitted for your approval:

The following subject expert/ examiner is approved for the comprehensive examination.

S. No. \_\_\_\_\_

Date: \_\_\_\_\_

Honorable Vice-Chancellor

#### Section – E

(Nomination of Subject Expert)

\_\_\_\_\_ will work as Subject Expert for evaluation of Research Proposal submitted by Mr./ Ms. \_\_\_\_\_.

Dated: \_\_\_\_\_

Dean Research

# Title

*RESEARCH PROPOSAL*

*by*

Name of Scholar  
Enrolment Number

*under the guidance of*

Name of Supervisor(s)

Designation, department, affiliation

*Submitted in partial fulfillment of the requirements for the degree of*

Doctor of Philosophy



Department of .....

Research Centre Name Bikaner Technical University

Month Year

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