

THE ERODE COLLEGE OF PHARMACY. ERODE

(Affiliated to The Tamilnadu Dr. M.G.R Medical University, Chennai)

MP01

**MINUTES OF FIRST (M Pharm Project Title Presentation) INSTITUTIONAL
RESEARCH MONITORING COMMITTEE / IRMC MEETING**

Name of the student:

Register No.:

Programme:

Date & Time of the Meeting:

Name of Project Guide(s):

Title of Proposed Project work:

Synopsis of the Project: (150KB)

Decision of M Pharm Research

Monitoring Committee : Title of the Project is acceptable / resubmitted.

Name & Signature of M Pharm Institutional Research Monitoring Committee (IRMC)
chairperson & Members:

	Name	Signature
1. Guide	:	
2. Other Members	1.	
	2.	
	3.	
3. IRMC Coordinator	:	
4. Chairperson	:	

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MP02

**MINUTES OF SECOND (M Pharm Review Presentation) INSTITUTIONAL
RESEARCH MONITORING COMMITTEE / IRMC MEETING**

Name of the student :	
Register No. :	
Programme & Semester :	
Date & Time of the Meeting :	
Name of Project Guide(s) :	
Title of the Project work:	
Comments: 1. 2. 3.	
Decision of M Pharm Internal Research Monitoring Committee:	Project work is acceptable / resubmitted.

Name & Signature of M Pharm Internal Research Monitoring Committee (IRMC)
chairperson & Members:

	Name	Signature
1. Guide	:	
2. Other Members		
	1.	
	2.	
3. IRMC Coordinator :		
		4. Chairperson:

THE ERODE COLLEGE OF PHARMACY. ERODE

MP03

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**MINUTES OF THIRD (M Pharm Pre-Final Presentation) INSTITUTIONAL
RESEARCH MONITORING COMMITTEE / IRMC MEETING**

Name (in Capital letters)	
Roll No.	
Course & Department	
Date & Time of Meeting	
Thesis title	
Project Thesis Recommended for submitting to TNMGRU, Chennai.	YES / NO
Recommended with suggested corrections (Corrected thesis to be submitted)	YES / NO
Remarks:	

Name & Signature of M Pharm Institutional Research Monitoring Committee (IRMC)
chairperson & Members:

Name

Signature

1. Guide

2. Other Members

1.

2.

3. IRMC Coordinator

4. Chairperson