

DIRECTORATE OF RESEARCH AND INNOVATION

RESEARCH PROPOSAL

by

NAME

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University Registration No

(*Font :Times New Roman , size 14*)

School of Studies & Discipline

(*Font :Times New Roman , size 14*)

Under the Guidance of

(*Font :Times New Roman , size 14*)

Dr. _____

(*Font :Times New Roman , size 14*)

Co-Guide (if any)

(*Font :Times New Roman , size 14*)

Dr. _____

(*Font :Times New Roman , size 14*)

Scholar Signature

Co-Supervisor Signature

Supervisor Signature

Forwarded through Dean/Director

Director

Directorate of Research & Innovation, CMRU

TABLE OF CONTENTS

- 1. TITLE OF THE RESEARCH**
- 2. INTRODUCTION**
- 3. PROBLEM STATEMENT**
- 4. LITERATURE SURVEY**
- 5. OBJECTIVE OF THE PROPOSED RESEARCH**
- 6. PROPOSED METHODOLOGY**
- 7. EXPECTED OUTCOME OF THE PROPOSED RESEARCH**
- 8. SUMMARY**
- 9. REFERENCES**

DIRECTORATE OF RESEARCH AND INNOVATION

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Scholar Signature

Co-Supervisor Signature

Supervisor Signature

**Director – Directorate of Research & Innovation
Signature and seal with date**