QA-AR-Form 8 Frequency: Every Year Date:

## **Institute Academic Quality Assurance Cell**

Academic (Research)

Interdisciplinary Research

Name of the Department: -----

S.No.	Name of faculty	Name of faculty/researcher from other department/ Institution		Outcome of Collaboration (Thesis/Dissertation Supervised; Research Paper, Research Project	Role of the Collaborator (Co-sup. /
		Name	Dept./Inst.	Published)	Co-author)
1					
2					
3					

(Name and Signature)