



Department of _____

Progress Report No. _____

for the Period from..... to.....

Name of Research Scholar	
University Seat Number	
Department Registered	
Month/Year of Registration	
Date of DAC Meeting (Previous)	
Name of Research Supervisor	
Title of the Thesis	
Any modification in the title	Yes <input type="checkbox"/> No <input type="checkbox"/> if Yes: Please New Title Proposed (should be neatly typed and sent) :
Objective of Research Work	
Research Work Done till Previous Review (Attach Separate Sheet - Annex-I)	
Research Work Done During the Period of Review (Attach Separate Sheet- Annex-II)	
Research Outcomes (Attach Separate Sheet- Annex-III)	
No. of Publications, if any	
No. of International Conferences Attended, if any	
No. of Patents Applied/Published, if any	
Enrolment for Ph.D.	Date:
Completion of Course Work	Yes / No



Status of Annual Fee Paid	Yes / No		
	Payment Date	Amount Paid	Receipt Number
Pre-Ph.D. Registration Comprehensive Viva-Voce	Yes / No		
Open Seminar	Yes / No		
Pre-Ph.D. Thesis Submission Colloquium	Yes / No		
No. of DAC Meetings held till dateNos		
Date of Previous DAC Meetings			
DAC - 1	DAC - 2	DAC - 3	DAC - 4
...../...../...../...../...../...../...../...../.....
DAC - 5	DAC - 6	DAC - 7	DAC - 8
...../...../...../...../...../...../...../...../.....

Signature of the Candidate (with date)

Signature of the Research Supervisor	
Name and Designation of the Expert	
Signature of the External Expert(s)	
Name and Signature of the Internal Expert	