

Ref.: _____

Date: _____

PROGRESS REPORT OF M.S./ M. Phil./Ph. D. SCHOLAR

Name of Scholar (Block letters) _____

Father Name of Scholar (Block letters) _____

Department: _____ Registration Date: _____

Registration No: _____ Session: _____

Program enrolled: MS/M. Phil. Ph.D.

Supervisor Name (Block Letters): _____

Designation & Address: _____

Supervisor Cell No & Email: _____

Co-Supervisor (if any): _____ Designation: _____

Co- Supervisor Cell No & Email: _____

Topic of Thesis: _____

Official Date of Program Completion: _____ Extension granted up to: _____

Nature of Progress Report (Please tick):

a). Course work progress for i). 1st Semester ii). 2nd Semester

| S. No. | Course Code | Course Title / Credit Hours | Marks | GP |
|--------------|-------------|-----------------------------|-------|----|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| Semester GPA | | | | |
| Overall CGPA | | | | |

| Name of Chairperson | Designation | Signature | Official Stamp |
|---------------------|-------------|-----------|----------------|
| | | | |

b). Research Progress/Seminar related to topic of research

i). 3rd Semester ii). 4th Semester iii) Additional

Scholar's Progress in given period

i). Excellent ii). Good iii). Satisfactory iv). Poor

Comments of Research Supervisor:

| | | | |
|------------------------------------|--------------------|------------------|-----------------------|
| Name of Research Supervisor | Designation | Signature | Official Stamp |
| | | | |

| Six Month Progress Report | Date of Commencement | Date of Completion |
|---|-----------------------------|---------------------------|
| 1 st Six Month Progress Report | | |
| 2 nd Six Month Progress Report | | |
| 3 rd Six Month Progress Report | | |
| 4 th Six Month Progress Report | | |
| 5 th Six Month Progress Report (Ph.D.) | | |
| 6 th Six Month Progress Report (Ph.D.) | | |
| 7 th Six Month Progress Report (Ph.D.) | | |
| 8 th Six Month Progress Report (Ph.D.) | | |
| Additional Allowed Extension | | |

| Research Publication (if any) | | | | |
|--------------------------------------|---------------------|-------------------------------|----------------------------|---|
| Title of Research Publication | Journal Name | Volume & Issue No. | Year & Page No. | Impact factor/ Category (W, X, Y, Z) |
| | | | | |

Remarks/Comments of Head of Department/Chairperson:

**Signature of Head of Department/
Official Stamp**

Remarks/Comments of Dean Faculty:

**Signature of Dean Faculty/
Official Stamp**

Remarks/Comments of Director, GSO:

**Signature of Director (GSO)/
Official Stamp**

Graduate and Research Management Council (GRMC) Decision (To be filled by the GSO office)

Progress Report Approved by GRMC

Yes

No

GRMC Meeting Date: _____

Meeting No. _____

Signature/Official Stamp

Note: Incomplete form/documents will not be entertained.