Annexure 4

SIX MONTHS PROGRESS REVIEW

FOR Ph. D PROGRAMME for the Period …… to …….

(i) The progress reports shall be submitted by the Research Scholar. To the Review Committee, duly signed by the Supervisor(s). Please download the Form & Type in Bold Letters.

Date of Meeting: _____ Time: _____

Scholar Details:

Name			
Registration No		Year of Admission	
Department		School	
Category	FULL TIME / PART TIME (Internal) / PART TIME (External)		
Mobile No		Email	

Supervisor Details:

Name of the Supervisor			
Supervisor Recognition Number			
Mobile No		Email	

Co-Supervisor Details (if any):

Name of the Co-Supervisor			
Supervisor Recognition Number			
Mobile No		Email	

1. Coursework Completed : Yes / No
2. Comprehensive Viva Completed : Yes / No
3. RAC 3 (Title Confirmation) Completed : Yes / No\
4. Research Title:

5. Publications

Journal					
Title of the Paper	Name of the Journal & Vol / Issue	Impact Factor	Journal Quartile	Status (Communicated / Under Revision / Accepted / Published / Indexed)	Month / Year of Publication
Conference					
Title of the Paper	Name of the Conference	National / International	Scopus Indexed (Yes / No)	Status (Communicated / Under Revision / Accepted / Published / Indexed)	Month / Year of Publication
Book Chapters					
Title of the Book Chapter	Name of Edited Book	Publisher	Scopus Indexed (Yes / No)	Status (Communicated / Under Revision / Accepted / Published / Indexed)	Month / Year of Publication

6. Patents / Copyright / Policy Papers

Sl No	Name of the Patent / Policy Paper / Copyright	Month / Year Of Publication	Status

7. Workshops / Conferences attended

Name of the Conference / Workshop	Organizer	Dates

8. Field visits if any:

9. Certifications details

Name of the Certification	Certifying Body	Date of obtaining the Certification

10. a. Teaching load (only for Full time Scholars)

Name of the Course	Program	Sem / Year	No of Credits	No of Students	Feedback

b. Attendance (for last 6 months)

Month	No of Days on leave

Certified by HR

Other Administrative / Academic engagements (if any)

Nature of Engagement	No of Hrs of Engagement	Reporting Manager	Signature of Reporting Manager

Signature of the Candidate

11. Remarks by Supervisor

Remarks by Supervisor	Excellent / Satisfactory / Not Satisfactory
a) Interaction with supervisor during the last 6 months	
b) Adherence to Deadlines	
c) Research Progress	

d) Ethics Committee Clearance: Obtained / Not obtained / Not Applicable
e) Expected time of Completion:
f) Any other Remarks by the Supervisor:

Signature of the Supervisor

For Office use only

Accounts : Fees Due if any (Yes / No)

a) Recommend for Teaching

Supervisor	Yes ☐ No ☐
Program Director	Yes ☐ No ☐
Dean (Faculty)	Yes ☐ No ☐

b) Extension of Research Fellowship

Program Director	Yes ☐ No ☐
Dean (Faculty)	Yes ☐ No ☐

c) Eligible for Elevation to SRF (After Completion of two years)

Supervisor	Yes ☐ No ☐ NA ☐
Program Director	Yes ☐ No ☐ NA ☐
Dean (Faculty)	Yes ☐ No ☐ NA ☐

Program Director **Dean (Faculty)**

Director – Centre for Research **Vice Chancellor**

Version-2 Amended on 08.05.2025