


Annual Seminar Report Performa

1. Ph.D. Registration Faculty of _____ Sciences
Baba Farid University of Health Sciences
Faridkot.
2. Ph.D. Registration No. _____
3. Period and number of Annual Seminar Report Month _____, Year _____
No. 1 / 2 / 3 / 4 /
4. Name and Address of research scholar Name.....
Address.....
.....
.....
5. Topic of the research project as approved
by the Faculty of _____ Sciences
.....
.....
.....
.....
6. Department through which registered
7. Name of the Institute
8. Supervisor/s
- | | |
|---------------|--|
| Supervisor | Name.....
Designation.....
Department..... |
| Co-supervisor | Name.....
Designation.....
Department..... |
9. Annual Seminar Report Period _____
No. ___ 1/2/3/4 _____ (Tick appropriate)

Signature of the candidate



10. Brief comments of supervisor/
Co-supervisor

11. Signature of Co-Supervisor
(with office stamp)

Signature of Supervisor
(with office stamp)

12. Remarks by the Head of Department

Signature of HOD
(with office stamp)

13. Remarks by the Chairman, RDC/Principal

Signature, Chairman RDC/Principal
(with office stamp)

14. Enclosures

A DETAILED ANNUAL SEMINAR REPORT FOR THE PERIOD UNDER REPORT

- report may be of one page or more than that
- every page of the report should be signed by the candidate
- the report, at the end, should also be authenticated by signatures of the supervisor/ Co-supervisor