

BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT

Faculty of _____ Sciences

Doctor of Philosophy (Ph.D.) Degree

Half -yearly Progress Report Performa
(June/December)

1. Period ending _____
2. Name of the candidate
(in block letters) _____
3. Degree for which registered _____
4. Topic (as approved and shown
in the registration letter issued
by the University) _____

5. Name of the Department/s and
of the Institution where the candidate
is working _____

6. Name/s of the supervisor/s
Name-----
Designation-----
Institution-----

Name-----
Designation-----
Institution-----

7. Particulars of registration letter with
letter No. and date etc _____

8. Expected date of submission of
Ph.D. thesis (month/year) _____

9. Research papers published, if any, during the period under report(give complete reference) -----

10. Any other publication during the period under report -----

11. Teaching work done (a broad outline only) during the period under report (at undergraduate/postgraduate level) -----

12. Invited guest lectures delivered, if any, during the period under report -----

13. Field work for research project done -----

14. Conference/Seminar/Workshop etc attended during the period under report -----

15. Any other academic activity undertaken, apart from reported above -----

16. Detailed report of the work done during the period under report ----- attach separate sheets carrying a detailed a detailed report
17. Signature of the candidate -----

18. Brief comments of supervisor/
Co-supervisor

Signature of Co-Supervisor
(with office stamp)

Signature of Supervisor
(with office stamp)

19. Remarks by the Head of Department

Signature of HOD
(with office stamp)

20. Remarks by the Chairman, RDC/Principal

Signature, Chairman RDC/Principal
(with office stamp)

PROGRESS REPORT

- 1. Ph.D. Registration
Faculty of _____ Sciences
Baba Farid University of Health Sciences
Faridkot.

- 2. Period and number of Progress Report
June/December, 2014
No. 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 /

- 3. Name and Address of research scholar
Name.....
Address.....
.....
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- 4. Topic of the research project as approved
by the Faculty of _____ Sciences
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- 5. Department through which registered
.....

- 6. Name of the Institute
.....
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- 7. Supervisor/s
 - Co-supervisor
Name.....
Designation.....
Department.....

 - Supervisor
Name.....
Designation.....
Department.....

Signature of the candidate

Ph.D. Registration

Faculty of _____ Sciences
Baba Farid University of Health Sciences
Faridkot

PROGRESS REPORT

Period _____
No. _____

A DETAILED PROGRESS REPORT FOR THE PERIOD UNDER REPORT

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