



Saurashtra University, Rajkot
Six Monthly Progress Report of Ph. D. Work



Annexure I

Progress Report No:

Name of the Research Student	
Name of the Research Supervisor	
Title of the Ph. D. Research	
Subject	
Faculty	
Registration No. & Date	
Report for the period	
Date of the Earlier Report	

Precise Report of the Research work done during the above period	
1	
2	
3	
4	

Signature of Research Student

Signature of Research Supervisor

Date :

Date:

Remarks of the Research Advisory Committee

Recommendation of RAC :

Recommended/Not Recommended (Strike out which is not applicable)

Signature of Subject Expert

(_____)

Signature of Convener of RAC

(Guide)

Signature of Dean, Faculty of Science

(_____)

Signature of Head of the Department

(Prof. S. K. Vaidya)

Date: DD/MM/YYYY