



CENTRE FOR ACADEMIC RESEARCH

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SIX MONTHS PROGRESS REPORT

FOR Ph.D PROGRAMME for the Period ending 30th June..... - 31st December

- (i) The progress reports shall be submitted by the Research Supervisor duly signed by the candidate and countersigned by the Supervisor(s). Please download the Form & Type in Bold Letters.
- (ii) The Ph.D Student & Supervisor is required to retain a copy of this

Date of Meeting: _____ Time: _____

Fee Details (Enclose Copy)

D.D. No.,	D.D. Date	Bank	Amount

Scholar Details:

- Name : Mr./Ms. _____ Register No : _____
- Year of Admission : _____ FACULTY : _____
- Category : FULL TIME / PART TIME (Internal) / PART TIME (External)
- Official Address : _____ Residence Address : _____

- Mobile No : _____ Email: _____

Supervisor Details:

- Name of the Supervisor :
- Official Address : _____ Residence Address : _____

- Mobile No : _____ Email: _____
- Name of the Joint Supervisor (if any) :
- Official Address : _____ Residence Address : _____

- Mobile No : _____ Email: _____

Research Details:

Research Domain:

Title of Research:

LIST OF PUBLICATIONS BY THE SCHOLAR (only publications given jointly by candidate and supervisor) – in the order of International Journals, National Journals, and Conferences after the Ph.D Admission (Please attach separate sheet if necessary)

Sl. No.	Name of Journal	YEAR OF PUBLICATIONS/ VOLUME/PP.No.	DATABASE ACCESSED IN SCOPUS / WEB OF SCIENCE / OTHERS	IMPACT FACTOR AS ON DATE / Citations if any

Signature of Candidate

SUPERVISOR REPORT ON WORK PROGRESS

Signature of Supervisor

PANEL MEMBERS

(To be signed by the Members in the Venue on the day of Six Months Review Meeting)

Signature of the Panel Member 1

Signature of the Panel Member 2