|  |  |  |
| --- | --- | --- |
| Ph.D. Research Scholar Name & University Register Number |  | |
| E-mail id |  | |
| Contact Number |  | |
| School & Department |  | |
| Date of Provisional Registration |  | |
| Registration Mode | Full-Time / Part-time | |
| Research Supervisor Name |  | |
| Co-Supervisor Name, if applicable |  | |
| Name of the HOD/Dean of the department |  | |
| Internal Doctoral Committee Member Name |  | |
| External Doctoral Committee Member Name |  | |
| Research Title : | | |
| Research Area: | | |
| Research Objective: | | |
| Date of Previous Doctoral Committee Meeting: | | |
| List the points recommended by the DC members during the previous DC meeting: | | Write down the work completion status for the points suggested by the DC members in the last DC meeting |
|  | |  |
| List down the other research work carried out from the previous DC meeting date to current DC meeting | | List the research papers communicated/ in –review/ in-revision/ accepted/ published. |
|  | |  |
| List the conferences/ seminar/workshop/symposium/colloquium attended in National and International Levels ( Event Title, Role in the event/ Duration/Organizer/ Date) | | List the patents if any and provide the status of the patent |
|  | |  |
| Comments on the overall evaluation of the performance and progress of the Scholar – Internal DC Member | | Comments on the overall evaluation of the performance and progress of the Scholar – External DC Member |
|  | |  |
| Tick the appropriate research performance assessment of the scholar. | | Excellent/ Very Good/ Good/ Satisfactory/ Not Satisfactory |
| Expected Year of Completion | |  |
| Whether the scholar’s provisional registration confirmed? | | Yes/No |
| If Yes, please mention the date of the provisional registration confirmation. | |  |
| If No, please mention the expected date of the provisional registration confirmation. | |  |

Note: Research Performance Assessment Report shall be submitted for all the DC meeting. RPA is not applicable for the first doctoral committee meeting and synopsis doctoral committee meeting.

Research Supervisor Co-Supervisor

(Signature & Date) (Signature & Date)

Internal DC Member External DC Member

(Signature & Date) (Signature & Date)

Recommended for Submission and Forwarded

HOD/Dean of the Department

(Signature & Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Ph.D. Programme Office Use Only

Performance of the Ph.D. Research Scholar:

Follow-up Action (If any):

Follow-up Action (Status):

Note:

1. This form shall be typed and printed. Only the signature and date should be handwritten.
2. The format should not be altered. Any alteration in the format will not be accepted.
3. Times New Roman font, size 11 pt., and unbold text should be used.