



# Dr. B. R. Ambedkar University, Agra

(Formerly: Agra University, Agra)

Research Department

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## Proforma for Six Month Progress Report of Research Student

(Ph.D. Course Work 2014-15)

1. Name of Research Student
2. Email Address of the Research Student
3. Nature of Fellowship (JRF (NET) SRF(NET) SRF RA)
4. University Enrollment no
5. Name, designation and address of Supervisor
6. Place of work (Name of the Department/Institute/University/College, etc.)
7. Date of Joining
8. Date of RDC
9. Date of registration for higher degree(Ph.D.)
10. (a) Topic of Research  
(b) Faculty
11. Period of Report from..... to.....
12. Attendance :
  - (a) Total No of working days during the period under report
  - (b) Out of these, total no of days in which the research student was present and worked:
  - (c) Number of days for which leave was sanctioned.
13. Summary of research work done during this period not more than 300 words (a separate sheet may be attached)
14. Plan of work for the next year (separate sheet may be attached)
15. Research paper published/accepted for publication, communicated for publication or presented in seminar/conference (Details of author, title, journal, volume, page number and reprints of published paper/preprints of accepted papers and manuscripts papers must be sent, if any.
16. It is affirmed that I have devoted my full time to research and that I did not take up any other assignment, paid or unpaid without taking written permission from Dr. B.R. Ambedkar University, Agra. It is also certified that due acknowledgement of Dr. B.R. Ambedkar University, Agra has been made the published papers.

Date:

Signature of Research Scholar

17. Overall assessment and comment of the Supervisor:

- (a) It is certified that the information provided above and in separate pages enclosed with this reports by the research student is correct to the best of my acknowledge and belief.
- (b) My specific comments about the performance of above research student are as under (if any)

Signature

Signature

Signature

Name of Supervisor

Name

Name

Date

Date

Date

Head of Department

Principal/Director

(Seal)

Seal of College/Institution