

Date:

## **DIRECTORATE OF RESEARCH AND INNOVATION**

### **SIX MONTH - PROGRESS REPORT**

(To be submitted by the Research Scholar for every semester)

#### **I. Research Scholar Details:**

1. Name: .....
2. Registration No.: .....
  - a. Category at the time of Registration: Full Time/ Part Time: .....
  - b. Date of Provisional Registration with the University.....
3. a. Discipline:..... 2.b. Subject.....
4. Research Topic: .....
 

.....

.....
5. Period of the Report: From: ..... To.....

#### **II. Research Supervisor's Remarks\*:**

Nature of work carried out:.....

.....

..... The research work carried out by the Scholar From.....To .....is satisfactory/unsatisfactory (strike off whichever is not applicable). If the Supervisor(s) opines that the progress is unsatisfactory, a detailed report in a separate paper has to be submitted along with the progress report.

Research Scholar:  
Name and Signature

Co- Research Supervisor:  
Name and Signature  
With Seal

Research Supervisor:  
Name and Signature  
with Seal

Date:

Date:

Date:

Director  
Directorate of Research and Innovation  
With Seal  
Date:

\*A separate sheet providing more details shall be enclosed along with this report

CMR UNIVERSITY



DOCTORAL PROGRAM

**Title:**

Attendance Report

**Submitted by**

Scholar Name (USN No:),  
Part Time Research Scholar,  
School:

**Under the Guidance of**

Name:  
Designation:

**PROGRESS & Attendance- REPORT** -----

**Title:** \_\_\_\_\_

Name of the Scholar :	
Date of Provisional Registration as per office order	
University Registration Number	
Branch/Discipline/Program	
School	
Full – time / Part – time Registration	
Name of the Research Supervisor	
Name of the Co- Supervisor	
Title of the research work	
Date of Presentation / Report Submission	

Month and Year	Dates	Total no. of Days	No. of hours
Total No of hours			

Research Scholar

Research Supervisor

Co- Research Supervisor

Dean/ Director- School, CMRU

Director-DORI

**DIRECTORATE OF RESEARCH AND INNOVATION**

**Ph.D. PROGRAM**

**RESEARCH SCHOLAR LOG BOOK – MEETING WITH RESEARCH SUPERVISOR**

**“Jan/July” “YEAR” BATCH**

<b>Date of Meeting</b>	<b>Meeting No.</b>	<b>No of contact hours</b>	<b>Issues Discussed/Suggestions Offered</b>	<b>Signature of Research Scholar</b>	<b>Signature of Research Supervisor</b>	<b>Remarks</b>

Signature of Research Scholar

Signature of Co- Research Supervisor

Signature of Research Supervisor

Name:

Name:

Name:

Registration No:

Date:

Date:

Date:

#additional sheets may be added

Date:

**No Due Certificate**

1. Name of the Scholar:

2. Registration No. :

Batch:

3. School:

Department:

Signature of the Candidate:

S.No.	School/Departments	Date	Dues/No Dues	Name & Signature with Seal
1.	Accounts department			

Name and Signature of Supervisor (with Seal):

Name and Signature of Co-Supervisor, if any (with seal):

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Directorate of Research and Innovation: (with Seal)