

CMR University

Off Hennur- Bagalur Main Road, Chagalatti, Bangalore - 562149, Karnataka INDIA. Tel: (+91 - 80 - 2542 6977, 2542 7700

Fax : (+91 - 80 - 2542 7840 E mail : research@cmr.edu.in

Date:

www.cmr.edu.in

DIRECTORATE OF RESEARCH AND INNOVATION

SIX MONTH - PROGRESS REPORT

(To be s	ubmitted by the Research Scholar for eails:	very semester)
1. Name:		
Registration No.:		
a. Category at the tim	ne of Registration: Full Time/ Part	t Time:
b. Date of Provisiona	l Registration with the University	
3. a. Discipline:	2.1	b. Subject
5. Period of the Report:	From:T	0
II. Research Supervisor'	s Remarks*:	
-	l out	
The research work carri	ed out by the Scholar From	То
is satisfactory/unsatisfac	ctory (strike off whichever is not a	applicable). If the Supervisor(s)
opines that the progress	is unsatisfactory, a detailed report	t in a separate paper has
to be submitted along w	ith the progress report.	
Research Scholar: Name and Signature	Co- Research Supervisor: Name and Signature	Research Supervisor: Name and Signature
Date:	With Seal	with Seal
	Date:	Date:
Director		
Directorate of Research	and Innovation	
With Seal		

Date:

^{*}A separate sheet providing more details shall be enclosed along with this report



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DOCTORAL PROGRAM

Title:

Attendance Report

Submitted by

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

Under the Guidance of Name:
Designation:



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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. No. of Days hours Total no. of Days Research Scholar Co- Research Supervisor Research Supervisor Research Supervisor Research Supervisor	PROGRESS & Attend				
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DIRECTORATE OF RESEARCH AND INNOVATION Ph.D. PROGRAM

RESEARCH SCHOLAR LOG BOOK – MEETING WITH RESEARCH SUPERVISOR

"Jan/July" "YEAR" BATCH

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

Signature of Research	Signature of Co- Research	Signature of Research
Scholar:	Supervisor:	Supervisor:
Name:	Name:	Name:
Registration No:		
Date:	Date:	Date:

#additional sheets may be added



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		No Due Certificate		Date:	
2. Re. 3. Sch				Batch: Department:	
Signa	ture of the Candidate:				
SL.	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):					
Directorate of Research and Innovation: (with Seal)					