

DIRECTORATE OF RESEARCH AND INNOVATION

SIX MONTH - PROGRESS REPORT

Date:

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

I. Research Scholar Details:

1. Name:

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

Date:

Co- Research Supervisor:

Name and Signature

With Seal

Date:

Research Supervisor:

Name and Signature

with Seal

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

Co- Research Supervisor

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

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

Scholar :

Signature of Co- Research

Supervisor :

Signature of Research

Supervisor :

Name:

Registration No:

Date:

Name:

Date:

Name:

Date:

#additional sheets may be added

No Due Certificate

Date:

1. Name of the Scholar:

Batch:

2. Registration No. :

Department:

3. School:

Signature of the Candidate:

SL. 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):

Directorate of Research and Innovation: (with Seal)