**FORM IV-D**



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**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

**बिजनी कॉम्‍पलेक्‍स, लैटमुख्‍्राह, शिलांग Bijni Complex, Laitumkhrah, Shillong-793003**

##### **PhD** **Semester Progress Seminar Report**

*(For PhD scholars who have completed PhD Registration Seminar)*

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| --- | --- | --- | --- |
| **1** | Semester: Autumn/Spring Year:\_\_\_\_\_\_\_\_\_\_\_\_ Date of Progress Seminar:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **2** | Period from\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **3** | Name of Scholar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **4** | Roll no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **5.** Department\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **6** | Category (Please tick): Full time/ Sponsored (Part Time)/ Project Fellow | |  |
| **7** | Date of Admission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **8.** Date of Registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **9** | (a) Name of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **10** | (b) Name of Co-Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **11** | Total no. of semesters completed: | | |
| **12** | Total no. courses and credits prescribed: | | |
| **13** | Total no. of courses and credits completed: | | |
| **14** | Area of research: | | |
| **15** | Progress of research (Report may be attached) | | |
| **16** | Expected date of completion: | | |
| **17** | Leave availed during this semester (if any): | | |
| **18** | Nature of Fellowship/Scholarship/Stipend received, if any: | | |

Signature of Candidate: Signature of Supervisor Signature of Co-Supervisor

Remarks of the Doctoral Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of D.C. Members:

1. ………………………. 2. ………………………………
2. ………………………. 4. ………………………………
3. ………………………. 6. ………………………………

Signature of DRC Chairman

Forwarded to Academic Section:

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JA(AA) Supdt(AA) AR(AA) Dean(AA)