**FORM XIV - D**



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**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

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

##### **ORFS/Post Doc Quarterly Review Report Form**

**(**The Guide/Mentor should convene the quarterly review meeting at the end of each quarter and the report

should be submitted within 10 days from the review meeting date**)**

*1st / 2nd / 3rd / 4th Quarterly Report for the Period from \_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_*

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | Name of RA/Post Doc Fellow:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **2** | Roll no: \_\_\_\_\_\_\_\_\_\_\_\_ | **3.** Department\_\_\_\_\_\_\_\_\_\_\_ | |
| **4** | Date of Joining: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **5** | Name of the Guide/Mentor: | | |
| **6** | Name of Co-Guide: | | |
| **7** | (a) Topic of Research : | | |
|  | (b) Broad Subject Area : | | |
| **8** | Whether Summary of research work done during this period is enclosed **(Please tick )**  (Detailed report with supporting documents to be attached)\*: | | (YES/NO) |
| **9** | Whether Plan of work for the next quarter is enclosed or not **(Please tick )**  (Separate sheet to be attached): | | (YES/NO) |
| **10** | Date of research work presented by the RA/Post Doc Fellow before the DRC :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the RA/Post Doc Fellow

Date:

Remarks by the DRC in respect of research work progress : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Co-Guide (if any) Signature of Guide/Mentor

Date: Date:

Name & Signature of DRC Members except Guide(s)/Mentor and DRC Chairman:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Member) (Member) (Member)

Name - Name - Name -

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Member) (Member) (Member from other Dept)

Name - Name - Name -

Remarks by DRC Chairman:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of DRC Chairman

Date:

**Forwarded to Academic Section:**

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

Recommended /Not Recommended Dean(AA)

Approved /Not Approved Director