



Dr. Bhimrao Ambedkar University, Agra

(Formerly: Agra University, Agra)

Proforma for Six Month Progress Report of Research Student

(Ph.D. 2024-25 Batch)

1. Name of Research Student
2. Period of Report from to
3. (a) Topic of Research
-
- (b) Subject
4. Email of the Research Student
5. Mobile No. (WhatsApp preferred)
6. Nature of Fellowship (JRF (NET) SRF(NET) SRF RA)
7. University Reg. No. Enrollment No
8. (a) Supervisor Name
- (b) Supervisor Designation
- (c) Supervisor College/Institute Address
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9. Place of work (Name of the Department/Institute/University/College, etc.)
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10. Date of submission of Registration Form with Synopsis
11. Date of RDC
12. Attendance:
 - (a) Total No of working days
 - (b) Out of these, total no of days in which the research student was present and worked: ..
 - (c) Number of days for which leave was sanctioned.
13. Summary of research work done during this period not more than 150 words (a separate sheet may be attached)

14. Research paper published/accepted for publication, communicated for publication or presented in seminar/conference (Details of author, title, journal, volume, page number and reprints of published paper/preprints of accepted papers and manuscripts papers must be sent, if any (a separate sheet may be attached)

15. It is affirmed that I have devoted my full time to research and that I did not take up any other assignment, paid or unpaid without taking written permission from Dr. Bhimrao Ambedkar University, Agra. It is also certified that affiliation of Dr. Bhimrao Ambedkar University, Agra has been made in the published papers.

Date:

Signature of Research Scholar

16. Overall assessment and comment of the Supervisor:

(a) It is certified that the information provided above and in separate pages enclosed with this reports by the research student is correct to the best of my acknowledge and belief.

(b) My specific comments about the performance of above research student are as under (if any)

.....
Signature with Date

.....
Signature with Date

.....
Signature with date

.....
Name of Supervisor

.....
Name of HoD

.....
Name of Principal/Director

(Seal of HoD)

Seal of College/Institution

Comments by RDC/Internal Committee of RDC:

Good/Satisfactory/Needs to improve/Not satisfactory

Signature: