

Annexure I
Saurashtra University, Rajkot
Six Monthly Progress Report of Ph.D. work

Progress Report No:

Name of the Research Student	
Name of the Research Supervisor	
Title of the Ph.D Research	
Subject	
Faculty	
Registration No. & Date	
Report for the Period	From To
Date of Earlier Report	

Precise Report of the Research work done during the above period	
1	
2	
3	
4	
5	

Signature of Research Student with Date

Signature of Research Supervisor with Date

Remarks of the Research Advisory Committee	
1	
2	
3	
4	
5	Recommendation of RAC:

Signature of Subject Expert

Signature of Convener of RAC

Signature of Dean

Signature of Head of Department

Date: