



ST. JOSEPH UNIVERSITY, NAGALAND

[A State Private University Established Under Nagaland Govt. Act No.6 of 2016: Recognized by University Grants Commission (UGC), Approved by All India Council for Technical Education]

CENTRE FOR RESEARCH

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Six Monthly Progress Report of Ph.D. work

Progress Report No. / Semester:

Date:

Name of the Research Student	:	
Registration Number	:	
Department	:	
Name of the Supervisor	:	
Supervisor Recognition No	:	
Month & year of Registration	:	
Mode of Registration	:	Full Time / Part Time
Approved Title of the Ph.D. Research	:	
Report for the Period	:	From : To :
Address for Communication	:	
Mobile No & E- Mail	:	

Precise Report of the Research work done during the above period (Detail Report Should be attached in a separate Annexure, duly signed by Research Scholar & Supervisor)

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Research Paper(s) Published / Submitted for Publication*(Copies of the papers and certificates to be enclosed) *[Give the detail about the Name of the Research Paper, Name of the Journal /conference, Impact Factor, Volume , Issue and Page No. in a separate sheet, If needed]*

Details of seminars/workshops/Training programs attended (Both at the University and other places)*(Copies of the papers and certificates to be enclosed)

Proposed Plan of Work for the Next Six months (Attach Separate Sheet, If needed)

Signature of the Research Student

Remarks of the Research Guide

1 Overall Satisfaction with the Quality of Work:

Below Expectations

Meets Expectations

Exceeds Expectations

2 Overall Pace of Work:

Too Slow

Slow

Right Pace

Hurried

Too Hurried

3 Others:

Date:

Signature of Supervisor/Research Guide

FOR OFFICE USE ONLY:

No Due From the office

Note: The Form should be submitted to the Research Coordinator by the candidate, after obtaining no dues from the accounts office

**Minutes on the Outcome of the Six-Month Progress Report to the
Centre for Research**

The progress report meeting of the Ph.D. Scholar, Mr. / Ms. _____

(Reg. No. _____) was held on _____ at _____ in the

Department of _____. Progress Report No. / Semester: ____ / ____.

Details of Suggestions / Recommendations:

Signature of the Research Scholar

Signature of the Research Supervisor

**Signature of the Co- Supervisor
(If Applicable)**

**Signature of the External Expert / Internal
Expert with in the Department**

**Head of the Department
(With Seal)**