Research Students Progress Review Form



(To be filled out by Master / M.Phil / Ph.D Research Students on six monthly basis)

To be submitted by the HOD / Dept. Quality Officer to the QEC

For	Resear	rch S	Stud	lent t	o Co	ompl	ete:

1.	Date of admission to the department.
2.	Date of initiation of research.
3.	Date of completion of Course Work.
4.	Number of credit hours completed.
5.	Date of Synopsis Defense.
6.	Cumulative Grade Point Average (CGPA) secured.
7.	Please outline details of programs in your research since your last review (including any
	research publications):
8.	Do you have any comments on the level of supervision received?
9.	What do you plan to achieve over the next 6 months?
10.	Do you have any comments on generic or subject – specialist training you have received or
	would like to receive internally and / or externally?
11.	Do you have easy access to sophisticated scientific equipment?
Studen	t Date:
Superv	visory Committee Comments
(Please	comment on and benchmark the student's progress against your University's internal and
externa	al HEC Quality Criteria for Master / M.Phil / Ph.D Studies)
Princip	pal Supervisor: Date:
Co - Si	upervisor: Date:

Co – Supervisor:	Date:	_					
Head of Department Comments:							
Signature:	Date:	_					
Director, Board of Research Studies (or equivalent) Comments:							
Signature:	Date:	_					
Dean/Director, QEC Action: (including monitor	ring of Follow – up action)						
Date:							