

**Progress & Feedback Proforma for the of PG Students (Student Centric)**  
**Form B (2)**

| 1. GENERAL INFORMATION OF THE STUDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                |                  |
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| Reporting Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | From : | To :           | Submission Date: |
| Student Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | Enrollment No. |                  |
| Admission Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | Total Duration |                  |
| Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        | Faculty        |                  |
| Supervisor Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                |                  |
| Synopsis/Thesis Title (if any):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                |                  |
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| 2. CURRENT STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                |                  |
| Supervisor – Student Meeting No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                |                  |
| <input type="checkbox"/> Synopsis in Progress <input type="checkbox"/> Synopsis approved <input type="checkbox"/> Research work in progress<br><input type="checkbox"/> Research work Completed <input type="checkbox"/> Data Analysis <input type="checkbox"/> Thesis write-up<br><input type="checkbox"/> Paper publication <input type="checkbox"/> Thesis review <input type="checkbox"/> Thesis Defense                                                                                                                                                                                                                                                        |        |                |                  |
| 3. STUDENT FEEDBACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                |                  |
| Target given in the last meeting: <input type="checkbox"/> Completed <input type="checkbox"/> Not Completed <input type="checkbox"/> Partially Completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                |                  |
| Over all Progress: <input type="checkbox"/> Satisfied <input type="checkbox"/> Not Satisfied <input type="checkbox"/> Partially Satisfied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                |                  |
| 4. NEXT MILESTONE Given                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                |                  |
| <input type="checkbox"/> Synopsis preparation <input type="checkbox"/> Synopsis approval <input type="checkbox"/> Bench work in progress<br><input type="checkbox"/> Bench work completed <input type="checkbox"/> Data Analysis <input type="checkbox"/> Thesis write-up<br><input type="checkbox"/> Introduction <input type="checkbox"/> Methodology <input type="checkbox"/> Results<br><input type="checkbox"/> Discussion <input type="checkbox"/> References <input type="checkbox"/> Thesis is ready for review<br><input type="checkbox"/> Paper publication <input type="checkbox"/> Thesis to be sent for review <input type="checkbox"/> Thesis Defense |        |                |                  |
| Student Remarks (if any):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                |                  |
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| Student Satisfactory level: <input type="checkbox"/> Satisfied <input type="checkbox"/> Partially Satisfied <input type="checkbox"/> Not satisfied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                |                  |
| Student Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                | Date:            |