



SHRI GURU RAM RAI UNIVERSITY

Patel Nagar, Dehradun-248001, Uttarakhand, India

[Estd. by Govt. of Uttarakhand, vide Shri Guru Ram Rai University Act no. 03 of 2017 & recognized by UGC u/s (2f) of UGC Act 1956]

Date: dd/mm/yyyy

Progress Report-X

Ph.D. Batch- X

Name of Research Scholar: _____ Enrollment No. _____

Department: _____ School/College: _____

Title of synopsis: _____

Date of Synopsis Approval: dd/mm/yyyy

Date of Previous Progress Report Submission: dd/mm/yyyy

Name of Supervisor: _____

Name of Co-supervisor (if any): _____

Progress made on the approved study: _____

(attached file link in case of multiple pages).

Work to be done (In future): _____

Recommendation (tick anyone): Recommended/ Non-Recommended/ Recommendation with Suggestions

If not recommended (Give reasons): _____

Recommended with Suggestions: _____

Signature of Research Scholar

Signature with name of the DRC members:

1. **DRC (Chairperson):** _____
2. **DRC Member:** _____
3. **DRC Member:** _____
4. **DRC Member:** _____
5. **DRC Member:** _____
6. **Member Secretary (Research Supervisor):** _____