

SAI TIRUPATI UNIVERSITY, UDAIPUR

Ph.D. Research Progress Report (Half Yearly)

Period: From..... To.....

1. Name of the Candidate: _____

2. Enrollment No: _____

3. Registration Date: _/___/_____

4. Mode (Full Time / Part Time): _____

5. Name of Supervisor: _____

6. Name of Co- Supervisor (If Applicable): _____

7. Title of Thesis (As approved by University Research Board):

8. Subject: _____

9. Faculty: _____

10. Please outline details of progress in your research (Point wise) :

11. What do you plan to achieve over the next 6 months (Point wise)?

12. Number of Publications (Relevant to Research Topic)
(Please attach a separate sheet with details)

13. Supervisor Comments:

Date:

Signature of Candidate

Date:

Signature of Supervisor/ Co-supervisor

List of Publications

Annexure

No.	Title	Journal / Proceeding	Month, Year	Issue Volume	Page Number	Impact Factor	ISSN

(Please attach a copy of reprint of paper)