

VMRF(DU) – Ph.D Regulation

## **Covering Letter to submit the Half yearly progress reports**

From (Official Address)				
To The Deputy Director (Research) Ph.D.Section, VMRF (DU), Salem.	,			
Sub: Submission of report num	nber the Half Yearly report for the period from 			
Respected Sir,				
Vinayaka Missions Research faculty/discipline of	(Reg.No) Part Time/Full Time Ph.D candidate of Foundation (Deemed to be University), Salem under the under the Guidance of admitted in session.			
Thankin	g you,			
	Yours faithfully,			
Place :				
Date :				
<ol> <li>Hard copy of Minutes</li> <li>Attendance Certificates</li> <li>In Service Certificates</li> <li>Brief Report of progres</li> </ol>	rly progress report(Annexure IVa) s of DC Meeting(Annexure IV b) e for Half yearly progress period from working institution in letter head (one time in a year) ess made as per protocol/Proposal Submitted ation - Conference – /Publication/seminar details Yes/No			
Supervisor Recommendation w	rith signature:			
Co-Supervisor Recommendatio	n with signature (If applicable):			
HOD signature with Seal:	HOI Signature with Seal:			



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#### **ANNEXURE - IV a**

### HALF YEARLY PROGRESS REPORT

(Report Number	From	To
· · ·		

### Please read the following instructions before filling:

The progress report shall be submitted by the candidate before the Research Advisory Committee. After placing before the Research Advisory Committee constituted for the candidate the hard copy of the report should be submitted to the Ph.D section with Minutes of the meeting(Annexure Vd). Two copies to be retained one for Research Supervisor another for Research Scholar.

Note: Failure to submit two consecutive six monthly progress reports will entail the cancellation of registration of the candidate by the Vice – Chancellor on a report made by the Research Supervisor and /or the Deputy Director Research in this behalf.

1.	Particulars about the candidate:		
	(a) Name		
	Registration Number		
	(b) Designation with working institution address		
	(c) Date of provisional registration as per the Ph.D Provisional Registration communication		
	(d) Category of registration	PT/FT	Internal/External
2.	Particulars of the Research Supervisor		
	(a) Name		
	(b) Designation with working institution address		
3.	(a) Name of the Co-Research Supervisor (if applicable)		
	(b) Designation Institution where employed		
4.	(a) Name of the Internal Research Advisory Committee Member		
	(b) Designation Institution where employed		
	(a) Name of the External Research Advisory Committee Member		
	(b) Designation Institution where		



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employed						
5. Name of Department\Institution where research is conducted						
6. Title of the proposed thesis:						
7. Details of progress of research						
(a) Whether the candidate's report about the work carried out during the period (in about 300words) is enclosed (Mandatory)						
(b) Whether journal have been published (If yes, furnish details)						
(c) Whether seminars/ conferences attended/Progress						
(d) Whether completed the prescribed course work if yes, how many						
8. Has the fee been paid up to date:						
9. Remarks To be filled by the Research Supervisor (Please tick v)						
(a) Attendance: Number of days during 6 month period/Yes/No						
(b) Progress Satisfactory:	No, (with reasons)					
(c) Whether the Research Supervisor agrees with the scholar's report:	No, (with reasons)					
(d)Whether the co- supervisor agrees with the scholar's report:	No, (with reasons)					

Signature of the Candidate:	Signature of the Supervisor with Seal:			
	Signature of the Co-Supervisor (If applicable) with Seal:			

Date:



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## MINUTES OF THE RESEARCH ADVISORY COMMITTEE

The Research Ad	dvisory Committee Meeting for th	е
Ph.D Scholar Mr./Mson	Reg.No	was held
A.M/P.M.in	the Department of	
,VMRF(DU).		
The following members were present:		
1.		
2.		
3.		
4.		
The research work and the Power Point Prese committee evaluated the research work carri progress and performance of the scholar. Progress report (Annexure IVa) for the period candidate. Hence the committee and permit work.	ied out by the scholar and was sat The committee recommended tl I from tosul	tisfied with the he Half Yearly bmitted by the
Supervisor	Signature	e & Seal
RAC Member 1	Signature	e & Seal
RAC Member 2		
Date:	Signatur	e & Seal
Place:		



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## **Attendance Certificate**

This is to certify that Mr/	Ms with
Reg.No admitted	d in session pursuing Ph.D Full
Time/Part Time category as per the	attendance register has put his/her residential
attendance as a research scholar in	our constituent college of the University during the
half yearly progress period from	tofor
days.	
Signature of the Research Supervisor	Head of the Institution
with seal	with seal
Place	
Place :	
Date :	



(In Service Certificate to be submitted only in the respective working institution Letter Head)

									Date:
This	is	to	certify	that	In Serv	_	ate Institution	on	as
					such till		mstitution	011	
During the tenure of his/her services, she/he has been discharging her/his duty to the satisfaction of the institution.									
This certificate is issued at the request of the faculty member for the purpose of pursuing her/his Ph.D Program.									
HOI with seal									

1. Candidate Name/Reg.No:

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### **REMUNERATION CLAIM FOR RAC Meeting & Pre-Synopsis Meeting**

(First RAC / Every six months  $(1^{st}/2^{nd}/3^{rd}/4^{th}/5^{th}/6^{th}/7^{th}/8^{th})$  / Pre-Synopsis)

(Please note: the remuneration will be settled by cash transfer to your bank account only, so please furnish relevant details here which will be kept confidential. Thanks)

2.	Faculty/Discipline :		
3.	Date of RAC Meeting :		
4.	Supervisor Name & College address	:	
	Type of Account & A/c No	-	
	Bank Name & Branch Name	-	
	City / Town	-	
	IFSC Code (11 digits)	-	
	Signature of the Supervisor	-	
5.	External Member Name & College add	ress:	
	Type of Account & A/c No	-	
	Bank Name & Branch Name	-	
	City / Town	-	
	IFSC Code (11 digits)	-	
	Signature of the External Member	-	
6.	Internal Member Name & College add	lress:	
	Type of Account & A/c No	-	
	Bank Name & Branch Name	-	
	City / Town	-	
	IFSC Code (11 digits)	-	
	Signature of the Internal Member	-	
7.	Signature of the Research Supervisor with seal		Signature of the Head of the Department with seal