**CENTRE FOR RESEARCH**

**DHANALAKSHMI SRINIVASAN UNIVERSITY**

**Samayapuram, Trichy – 621 112**

**Even Semester Progress Report (January 2023 to June 2023)**

1. Name of the Ph.D. Candidate: Part-time/Full-time:
2. Registration Number:
3. Discipline:
4. Department & Address:

Email Id: Contact No.:

1. Name of the Supervisor:
2. Designation:
3. Department & Address:

Email Id: Contact No.:

1. Date at which latest DC Meeting is conducted:
2. Progress of Ph.D. Scholar (maximum 500 words in bullet points)
3. Training Programs attended (attach proof(s)):
4. Seminars/Conferences attended (attach proof(s)):
5. Workshops attended (attach proof(s)):

 Signature of the Ph.D. Scholar

Name: \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

1. Attendance/performance certification by the Supervisor:

Certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Ph.D. Scholar) has met the required attendance during the prescribed period and performed well in his/her research activities.

Signature of the SUPERVISOR

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the CO-SUPERVISOR (if applicable)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forwarded by**

Signature of the HOD with Seal Signature of the Dean with Seal

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_