



QUARTERLY RESEARCH PROGRESS REPORT – PhD

FACULTY: _____ **DEPARTMENT:** _____

Name of Student: _____ Registration No: _____

CGPA: _____ Date of Enrolment: _____

Thesis Title: _____

Field of Specialization: _____

1. **Progress /Comments by Supervisor:** _____

Recommendations/Future Work: _____

Name: _____ Signature: _____ Date: _____

2. **Comments by Program Coordinator:** _____

Name: _____ Signature: _____ Date: _____

(TO BE FILLED IN BY THE DEPARTMENT)

Research Progress: Satisfactory ☐ Unsatisfactory ☐

Action Required (If unsatisfactory) or Other Comments: _____

HoD: _____ Signature: _____ Date: _____

Dean: _____ Signature: _____ Date: _____