

राष्ट्रीय प्रौद्योगिकी संस्थान, उत्तराखण्ड
NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref No. _____

Date: _____

Department of _____

PROGRESS REPORT & CERTIFICATE OF WEEKLY WORKING OF PHD/RESEARCH SCHOLOR
FOR THE FELLOWSHIP OF THE MONTH OF.....

Name of Student: _____

Status: _____

Discipline/Subject: _____

ID / Roll No: _____

JRF/SRF _____

PhD Supervisor / PI: _____

1st Week: From _____ to _____:

Research Work: _____

Institute / laboratory / teaching work of 10 hrs per week (Against Institute Fellowship): _____

2nd Week: From _____ to _____:

Research Work: _____

Institute / laboratory / teaching work of 10 hrs per week (Against Institute Fellowship): _____

3rd Week: From _____ to _____:

Research Work: _____

Institute / laboratory / teaching work of 10 hrs per week (Against Institute Fellowship): _____

4th Week: From _____ to _____:

Research Work: _____

Institute / laboratory / teaching work of 10 hrs per week (Against Institute Fellowship): _____

5th Week: From _____ to _____:

Research Work: _____

Institute / laboratory / teaching work of 10 hrs per week (Against Institute Fellowship):

.....

Signature of student

(Name: _____)

Performance: Satisfactory

Not Satisfactory

Eligible for Fellowship:.....(Yes/No).

Remarks (If any):

Forwarded & Recommended / Not Forwarded & Not Recommended

PhD Supervisor / PI

(Name: _____)

(Office Record to be filled & verified by PhD Supervisor / PI and counter verified by HoD)

OFFICE RECORD (_____)

(a) **Total days in the Month:** _____(days (s), in Figure) _____ (in words)

(b) **Leave availed :** _____(days(s), **date (s):**

(c) **Medical Leave availed :** _____(days(s), **date (s):**

(d) **Leave without pay(Absent):** _____(days(s), **date (s):**

(e) **Work outside the Institute (OD):** _____(days(s), **date (s):**

Only approved leave and OD) Place:

(Work outside: conference /Seminar/Workshop/Research)

Total days of the Month eligible for Fellowship: _____ (days, in figure)_____ (in Words)

((a) – (d))

It is certified that PhD scholar has assigned the Institute / laboratory / teaching work of 10hrs per week against Institute Fellowship.
(Yes/No)

Recommended for Fellowship:.....(Yes/No)

Forwarded / Not Forwarded

HoD

(Name: _____)

Recommended for Fellowship.....(Yes/No)

Dean/Associate Dean (Academics)

(Name: _____)