



**INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE**  
**Deemed to be University under de novo category**  
**Report of the Comprehensive Examination**

Name of Research Scholar: Mr./Ms. \_\_\_\_\_

School: \_\_\_\_\_ Funding Agency: \_\_\_\_\_

Roll No.: \_\_\_\_\_ ID No.: \_\_\_\_\_ Date of Joining: 

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Theme of Doctoral work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Review Period : 

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 to: 

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Current Seminar/Assessment Date: 

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 Time \_\_\_\_\_ Place \_\_\_\_\_

No. of Publications/Papers presented/submitted (attach separate sheet giving details as appropriate) :

No. of papers published/accepted in journals/conference proceedings \_\_\_\_\_

No of papers presented in conference/meetings/workshops (unpublished): \_\_\_\_\_

No of papers submitted (under review) : \_\_\_\_\_

Quality of Scientific knowledge and Training :      Excellent / Good / Satisfactory / Unsatisfactory

Quality of work done                                      :      Excellent / Good / Satisfactory / Unsatisfactory

Quantity of work done                                    :      Enough / Just Sufficient / Insufficient

Panel's Report/Recommendations (Detailed comments if any, to be communicated directly to the student) :

a) Enhancement (JRF to SRF)                        :      Yes / No / Not Applicable

b) If yes, date of effect                                :      

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Must Appear for RAC evaluation within \_\_\_\_\_ months latest by date / 

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/ Not applicable

c) Detailed report of the Committee : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ (Chair of School) \_\_\_\_\_ (External Member)

Name : (Prof. /Dr. \_\_\_\_\_) (Prof. /Dr. \_\_\_\_\_)

Designation : \_\_\_\_\_

Signature: \_\_\_\_\_ (RAC Member) Signature: \_\_\_\_\_ (RAC Member)

Name : (Prof. /Dr. \_\_\_\_\_) (Prof. /Dr. \_\_\_\_\_)

Designation : \_\_\_\_\_

Signature: \_\_\_\_\_ (Supervisor) Signature: \_\_\_\_\_ (Co-supervisor, if any)

Name : (Prof. /Dr. \_\_\_\_\_) Name : (Prof. /Dr. \_\_\_\_\_)

Designation : \_\_\_\_\_

Whether Dean Academic, PhD's approval was obtained for delayed seminar presentation: Yes / No / Not Applicable

Through Academic Co-ordinator, PhD \_\_\_\_\_  
(Signature with date & stamp)

Remarks / Signature of Dean Academic, PhD \_\_\_\_\_