



**INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE**  
**Deemed to be University (under de novo category)**  
**Assessment of Research Advisory Committee**

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

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

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

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

Registered under the University of: \_\_\_\_\_ Date of Registration: 

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Registration Number: \_\_\_\_\_ Date of Thesis Seminar (if applicable): 

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Date of Thesis Submission (if applicable): 

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Review Period : 

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 to: 

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Current Seminar/Assessment Date: 

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

Previous Annual/Bi-annual Progress Seminar presented on (dates):

1 <sup>st</sup>	
3 <sup>rd</sup>	
5 <sup>th</sup>	

2 <sup>nd</sup>	
4 <sup>th</sup>	
6 <sup>th</sup>	

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No of papers presented in conference/meetings/workshops (unpublished): \_\_\_\_\_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 work done : Excellent / Good / Satisfactory / Unsatisfactory

Quantity of work done : Enough / Just Sufficient / Insufficient

Expected period for completion of programme : 1 year / 2 years / 3 years /

4 years latest by

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

a) For continuation / enhancement of assistantship : Yes / No / Not Applicable

b) Must give Annual Progress Seminar again within \_\_\_\_\_ months latest by date 

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Not applicable

Signature: \_\_\_\_\_  
(A faculty member from School) (A faculty member from IACS working in allied research field)

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

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

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

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

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

Whether DAARD's approval was obtained for delayed seminar presentation : Yes / No / Not Applicable

Through co-ordinator of PhD Program \_\_\_\_\_  
(Signature with date & stamp)

Remarks / signature of DAARD \_\_\_\_\_