



Ph.D

FORM 9A

ಕೃಷಿ ಮತ್ತು ತೋಟಗಾರಿಕೆ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಶಿವಮೊಗ್ಗ
UNIVERSITY OF AGRICULTURAL AND HORTICULTURAL SCIENCES, SHIVAMOGGA
Directorate of Postgraduate Studies

**PROGRESS REPORT OF STUDENT AT THE TIME OF SUBMISSION OF THESIS
FOR EVALUATION**

(To be enclosed with form 9)

1. Name of the Student and :
ID No.
2. Year of Admission :
3. Degree Programme :
4. Major Subject :
5. List of Courses completed :

Course No.	Title of the Course/Seminar	Credit Hours	Grade points Obtained
	A) <u>Major courses completed</u>		
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

Course No.	Title of the Course/Seminar	Credit Hours	Grade points Obtained
	B) <u>Minor course completed</u>		
1			
2			
3			
4			
5			
6			
7			
8			
	C) <u>Supporting courses completed</u>		
1			
2			
3			
4			
5			
6			
7			
8			
	D) <u>Seminars/Colloquia completed</u>		
1			
2			

Sl. No.	Title of the colloquium	Date of Presentation
1.		
2.		

6. Whether the plan of work and programme of :
Research have been considered by the Advisory
Committee and approved by Dean (PGS): Yes/No

7. Whether changes, if any, in the Plan of Work and :
Programme of Research have been recommended by
the Advisory Committee and revised approval of
Dean (PGS) is obtained: Yes/No

8. Furnish the details, if the Research topic of the thesis is changed.
Old topic of Research:

New topic of Research:

9. Whether the student has completed the total number of credits (Furnish the Details)

No. of credits registered	No. of Credits completed	No. of Credits not completed

10. Whether the student is submitting his / her Thesis within the stipulated
period of the P.G. Programme : Yes/No

Date of Registration	Date of Submission of Thesis

Signature of the student

Email I.D.
Mob. No.

P.T.O.

Certified that

1. The above requirements have been checked with reference to the student file and found correct.
2. The student has fulfilled all the credit requirements for submission of Thesis for External Evaluation.
3. The candidacy of the student is declared by the Registrar. : Yes /
(Indicate reference No. and date of Registrars notification) No.
4. Proposal for appointment of external examiner is sent : Yes/
(Indicate date on which the proposal was sent) No.

Date: / /

Signature of the Chairperson

Email I.D.

Mob. No.

Submitted to the Dean (PGS), University of Agricultural and Horticultural Sciences, Shivamogga for kind information.

Date: / /

Signature of the Head of the Department

Dean (PGS)