



M.Sc. FORM 4

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

Programme of Research

1. Name of the Student :
- ID No. :
2. Year of Admission :
3. Degree Programme :
4. Major Subject :
5. Title of the Research Programme :

6. Objectives of Investigation:

1.

2.

3.

4.

P.T.O.

7. Brief Review of Work:

7A. References:

8. Detailed Programme of work

Give complete details of field experiment/methodology to be adopted in lab incubation studies, including statistical design/ survey work, observations to be recorded *etc.*)

(Not exceeding three pages)

9. Collaboration with other Departments / Institutions / Organizations and Fellow Scientists:

)

10. Special features/practical utility of the investigation

Date:
Email. Id:
Mob. No:

Signature of the Student

Date:
Email. Id:
Mob. No:

Signature of the Chairperson

Submitted to Dean (Hort.) / Dean (Forestry) /Dean (PGS) for further
needful.

Date:

Signature of the
Head of the Department

Forwarded to Dean (PGS), UAHS, Shivamogga for further needful.

Date:

Dean (Hort.)/Dean (Forestry)/
Technical Officer, Dean (PGS)

Remarks of Dean (PGS)

Approved

Dean (PGS)

NB: Please submit four copies of Form No. 4.

No. Dean (PGS)/UAHS/Form-2, 3 & 4/_____/_____

Date: _____

To,

1. The Concerned Chairperson
2. The Concerned HoD
3. File