Ph.D. FORM 2

PÉ¼À¢ ²ªÀ¥Àà £ÁAiÀÄPÀ PÀè¶ ªÀÄvÀÄÛ vÉÆÃlUÁjPÉ «eÁÕ£ÀUÀ¼À «±Àé«zÁå®AiÀÄ, ²ªÀªÉÆUÀÎ EgÀÄªÀQÌ DªÀgÀt

KELADI SHIVAPPA NAYAKA UNIVERSITY OF AGRICULTURAL AND HORTICULTURAL SCIENCES, SHIVAMOGGA
IRUVAKKI CAMPUS

Directorate of Post Graduate Studies

Plan of Work / Revised Plan of Work

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1. Name of the Student and ID No.:_____

2. Department and Year of Admission : _____

3. Date and Time of Meeting : _____

4. Tentative Title of the Thesis : _____

_____

_____

5. Bachelor's degree programme in : _____
6. Master's degree programme in : _____
(Enclose a copy of the marks card)

7. Advisory Committee:

		Name	Signature
A. Chairperson	:	_____	_____
B. Co-Chairperson	:	_____	_____
C. Members present	: 1.	_____	_____
	2.	_____	_____
	3.	_____	_____
	4.	_____	_____
	5.	_____	_____
D. Member absent	:	_____	

8. Details of courses to be taken

I. Semester (Year_____)

Course No.	Course Title	Credit Hours
	Major compulsory courses 1. 2. 3. 4. 5. 6. Major optional courses 1. 2. 3. Minor compulsory courses 1. 2. 3. Minor courses 1. 2. 3. Supporting courses 1. 2. 3.	
	Total credits	

II Semester (Year_____)

Course No.	Course Title	Credit Hours
	Major compulsory courses 1. 2. 3. 4. 5. 6. Major optional courses 1. 2. 3. Minor compulsory courses 1. 2. 3. Minor courses 1. 2. 3. Supporting courses 1. 2. 3. Others 1. Research	
	Total credits	

III Semester (Year_____)

Course No.	Course Title	Credit Hours
	Major compulsory courses 1. 2. 3. 4. 5. 6. Major optional courses 1. 2. 3. Minor compulsory courses 1. 2. 3. Minor courses 1. 2. 3. Supporting courses 1. 2. 3. Others 1. Research 2.Seminar	
	Total credits	

IVSemester (Year_____)

Course No.	Course Title	Credit Hours
	Major compulsory courses 1. 2. 3. 4. 5. 6. Major optional courses 1. 2. 3. Minor compulsory courses 1. 2. 3. Minor courses 1. 2. 3. Supporting courses 1. 2. 3. Others 1. Research 2. Seminar 3. Qualifying Examination	
	Total credits	

V Semester (Year_____)

Course No.	Course Title	Credit Hours
	Major compulsory courses 1. 2. 3. 4. 5. 6. Major optional courses 1. 2. 3. Minor compulsory courses 1. 2. 3. Minor courses 1. 2. 3. Supporting courses 1. 2. 3. Others 1. Research 2. Seminar	
	Total credits	

VI Semester (Year_____)

Course No.	Course Title	Credit Hours
	Major compulsory courses 1. 2. 3. 4. 5. 6. Major optional courses 1. 2. 3. Minor compulsory courses 1. 2. 3. Minor courses 1. 2. 3. Supporting courses 1. 2. 3. Others 1. Research 2. Seminar 3. Thesis submission	
	Total credits	

9. Transfer of credits, if any, in case of re-admission

Course No.	Title	Credits

10. Abstract of total credits proposed to be covered

Subject	Minimum credits	No. of credits taken
Major courses	15	

Minor courses	10	
Supporting courses	05	
Qualifying examination	03	
Seminar	04	
Thesis/ Research	38	
Total credits	75	

Date: Signature of the student

Date: Chairperson

Forwarded to Dean (Agri.)/ Dean (Hort.)/ Dean (Forestry)

Date: Head of the Department

Forwarded to Dean (PGS) for further action

Date: Dean (Agri.)/ Dean (Hort.)/Dean (Forestry)

Approved and forwarded to the Director of Education for approval
No. Dean (PGS)/ KSNUAHS/ Form-2/…… Date:

Dean (PGS)

"APPROVED"

Date: Director of Education

NB: 1. Please submit three original copies of Form-2.