



**ಕೆಲಡಿ ಶಿವಪ್ಪ ನಾಯಕ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ
ಕೃಷಿ ಮತ್ತು ಹೂವಿನ ವಿಜ್ಞಾನಗಳ
ಶಿವಮೊಗ್ಗ ಕ್ಯಾಂಪಸ್**

**KELADI SHIVAPPA NAYAKA UNIVERSITY OF AGRICULTURAL AND
HORTICULTURAL SCIENCES, SHIVAMOGGA**

IRUVAKKI CAMPUS

Directorate of Post Graduate Studies

Programme of Research

1. Name of the Student and ID No. : _____
2. Department and Year of Admission : _____
3. Title of the Thesis : _____
4. Detailed Programme of Research : To be enclosed with authorized signature
(Proforma enclosed)
5. Date of Colloquium I : _____
6. Collaboration with other Institutions / : _____
Depts. / Fellow Scientists

Signature of the Student

7. Advisory Committee

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

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-3/.....

Date:

Dean (PGS)

“APPROVED”

Date :

Director of Education

NB: 1. Please submit three original copies of Form-3 along with duly filled in proforma.

Proforma: Detailed Programme of Research: (In attachment)

1. Title of the Research Programme
2. Brief introduction
3. Objectives of the investigation
4. Brief review of work
5. Methodology employed (detailed programme of work)
6. Any other technical details
7. Schedule of activities
8. Special feature/ expected outcome
9. Collaboration with other departments/ Institutions/Organizations/ Fellow scientist)
10. References

Signature of the student

Chairperson

Head of the Department