Effective From: August - 2021						Annexure-III	
Res	earch Prog	oress Ren	ort		eference No.: versity office use only)	Inward No.:	
Ites	carciiiiog	siess Rep	OI t			Inward Date:	
						(For University Of	ffice Use Only)
Name of Department/College :							
Address of Department/College :							
Subject :							
(As p	e of the Stude er Registration ress of the Stu	Certificate)	:				
Ta.:		Dist.	.:		P	in Code:	
Mobile No. :				Aadhar No.: (Compulsory)			
Registration No.:				Registration Date:/			
•	se Tick: (✓)			_) Part Ti	
Nam	y attendance e of the Guide	e sheet be m e :	naint 	ain at	Department/In	artment / Princ astituten should ale No.:	be submit.
Tit	10.						
Progress Report Period : (with Month & Year)				to			
	ns Completed		:				
Deta	ails of Paid	Term Fees	:				
Term	Receipt No.	Date	Paid I	Fees Rs.	With Late Fees (Yes / No)	Month & Year of Completed Term	Completed Term Progress Report
1 st					(103/140)	Completed Term	
2 nd							
3 rd							
4 th							
5 th							
7 th							
8 th							
9 th							
10 th							

Work done so far :							
(If there is insufficient space please attach Seperate Sheet)							
Details of the Progress:							
(If there is insufficient appearate sheet)							
(If there is insufficient space please attach Seperate Sheet)							

Name of the Student	Signature of the Student
Name of the Guide	Signature of the Guide
Name of the Guide	Signature of the Guide
Round Seal of the University Department	Stamp and Signature of the University Head
<u>Date:</u> /	
Place:	

Letter/s From University (if any)

Copy of Registration Certificate

Copy of Last Two Terms Fees Receipt
Four Copies of Research Progress report

department / Principal (For Full Time Students Only)

Encl:

No.

1.

2.

4.

Document/s

for (1) University Copy,(2) Student Copy,(3) Guide Copy and (4) Department/Institute Copy Copy of Term Attendance Sheet (Six Months) duly signed by the Guide and Head of the

Remarks