REQUEST FOR ASSIGNMENT OF PH.D. THESIS SUPERVISOR (PH.D. MANUAL CLAUSE #8.4)

Department of ________________

Name of Student: ____________________________________________________________

Roll. No.: _________________________________________________________________

Phone and email address: ____________________________________________________

Nature of fellowship (Institute/External-JRF): __________________________________

Date of joining Ph.D. Program: ______________________________________________

Area of specialization: ______________________________________________________

Proposed Area of Research: _________________________________________________

Any other information: ________________________________________________________

**Undertaking by Student**

I have read the guidelines for thesis supervisor allocation given below and have consulted all faculty members in my specialization. My choices for the research areas/faculty members are provided below:

Date: ____________________________

(Signature of Student)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of faculty member</th>
<th>Research Area</th>
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ASSIGNMENT OF PH.D. THESIS SUPERVISOR

Name and Roll No. of Student: ____________________________

Phone No. and Email Address: ____________________________

Nature of Fellowship (Institute/External-JRF): ____________________________

Date of joining Ph.D. Program: ____________________________

Area of Specialization: ____________________________

Proposed Area of Research: ____________________________

Details of the Ph.D. Students Currently being Guided by the Proposed Supervisor(s)

<table>
<thead>
<tr>
<th>Name &amp; Designation of Proposed Supervisor</th>
<th>Total no. of Ph.D. Students</th>
<th>Signature of Supervisor(s)</th>
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<tr>
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<td>Institute Funded</td>
<td>Externally Funded</td>
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Departmental Recommendation

Recommended based on student and faculty choice.

Name of the Supervisor assigned: ____________________________

Name of the Co-supervisor assigned (if any): ____________________________

(Convener, DPGC) (HoD/FIC-Department)

For Use of Academic Section

The recommendations of the Department were checked and found as per Departmental guideline and hereby submitted for consideration.

Assistant Registrar (Academics)  
Approved/Not Approved

Coordinator Academic Affairs
NOTIFICATION FOR ANNUAL PROGRESS SEMINAR

(A copy of notification should be sent to OAA)

(Last date of submission of APS report to the OAA: July 30 and December 31 for students admitted in August and January, respectively)

Department of ________________________________

1. The annual progress seminar of Mr./Ms. ________________________________

__________________________ Ph.D. student with a Roll number __________________________will be held as follows.

Theme of Doctoral work:
(a) Topic of Research: ________________________________

(b) Broad Subject Area: ________________________________

(c) Brief Abstract: (max 150 words, separate sheet may be attached)

(d) Review Period: ________________________________ to ________________________________

(e) Date, time and place: ________________________________

Signature of Ph.D. Student

Signature

Name:

(Thesis Supervisor)

(In cases where thesis supervisor is not allotted, the Convener, DPGC/HoD will forward the form.

(Convener, DPGC)

(HoD/FIC-Department)

Distributed to:-
All members of RPC
Notice board of Department
REQUEST FOR CONSTITUTION OF COMPREHENSIVE EXAMINATION COMMITTEE (CEC)

Department of

(The CEC may remain the same as RPC or additional members may be added to it as per the departmental policy and the information shall be communicated to the Academic office for approval. The CEC may be chaired by the Convener, DPGC, or HoD, or as decided by the Department. In cases where there is no thesis supervisor allotted and no RPC constituted, the convener, DPGC/HoD will constitute the CEC #8.7 of Ph.D. manual).

Name and Roll No. of Student: ____________________________

Phone and Email Address: ________________________________

Nature of Fellowship (Institute/External-JRF): ____________________________

Date of Joining Ph.D. Program: ________________________________

Name and Designation of Supervisor(s): ________________________________

Proposed CEC by the Supervisor(s) or convener DPGC/HoD (as applicable) as per #8.7 of Ph.D. manual.

Research Supervisor (Convener) and/or Co-supervisor (if any) or or convener DPGC/HoD (as per departmental policy):

1

2

Internal Member(s) (Minimum one faculty member of the Department):

1

2

External Member(s) (Minimum one faculty member chosen from outside the Department, or subject expert(s) from outside the Institute)

1

2

Other Member(s) (if any)

________________________

Signature of Thesis Supervisor (Convener DPGC and HoD will forward this form if guide is not assigned)

(Convener, DPGC) ____________________________ (HoD/FIC-Department) ____________________________

For Use of Academic Section

The recommendations of the Department were checked and found as per Departmental/Institutional guideline and hereby submitted for consideration.

Approved/Not Approved

Assistant Registrar (Academics) Coordinator Academic Affairs
FORMAT FOR ANNUAL PROGRESS SEMINAR REPORT/JRF TO SRF REPORT
(APS, PhD Manual #8.6)
(Last date of submission of report to the OAA: July 30 and December 31 for students admitted in August and January, respectively)

Department of ________________________________

Section-A: (to be filled by Ph.D. student)

2. Name and Roll No. of Student: ________________________________

3. Phone and Email Address: ________________________________


5. Date of Joining Ph.D. Program: ________________________________

6. Period up to which Fellowship is Tenable: to ________________________________ from ________________________________

7. Theme of Doctoral work:
   (f) Topic of Research: ________________________________
   (g) Broad Subject Area: ________________________________

8. Review Period: ________________________________ to ________________________________

9. Current annual progress seminar, Date: ________________________________ Time: ________________________________ Place: ________________________________

10. Details of the progress seminar presented prior to the current one, Month: ________________________________ Year: ________________________________

11. Name and Designation of Supervisor(s): ________________________________

12. Attendance Statement (Verified by concerned Departmental office and countersigned by thesis supervisor(s) comprising of: (A separate sheet may be attached)
   (a) Total number of working days during the period under report: ________________________________
   (b) Out of these, total number of days the Ph.D. student was present and worked: ________________________________
   (c) Number of days for which leave was sanctioned: ________________________________
   (d) Number of days for which leave was not sanctioned: ________________________________

13. Number of days the Ph.D. student remained out-of-station for academic/field work with dates and places visited:
   (a) Number of days: ________________________________
   (b) Place visited: ________________________________

14. Detailed report about the research work done during the period under report (as per #8.6)

15. Plan of work for the next year (one-page may be included with research work report mentioned under 11)

16. Number of research papers published/accepted for publication/communicated for publication
   a) Journals: ________________________________ (b) Conferences: ________________________________ (c) Journal papers under review: ________________________________

17. How much more time you need to complete your Ph.D.? ________________________________

18. It is affirmed that I have devoted my full time to research and other assigned duties and that I did not take up any other assignment paid or unpaid without taking written permission from IISER Berhampur.

Signature of Ph.D. Student
Section-B: (to be filled by RPC)

1. RPC report on the research progress of Ph.D. Student. (Please ask OAA for sample, if required):

2. Quality of work done during the assessment period:
   Excellent/Good/Satisfactory/Unsatisfactory
   (Additional comments should be provided in a case if the progress is unsatisfactory, applicable in case of point 7)

3. Recommended enhancement of fellowship (JRF to SRF)
   (a) With effect from the date of completion of 2 years (if APS is successfully presented within stipulated time) from the date of joining/award of fellowship.
   (b) With effect from the date of completion of APS after completion of 2 years (If APS is successfully presented after stipulated time) from the date of joining/award of fellowship.

4. Expected period (in years) remained for the completion of programme:

5. Extension of Ph.D. registration (if student has completed the stipulated period for the completion of Ph.D.):
   Recommended up to _______________ / Not recommended.

6. Progress seminar should be presented again after _______________ months.
   (This may be opted if the student has completed the stipulated period for the completion of Ph.D. and/or the progress of Ph.D. student is unsatisfactory)

7. Additional comments, if any (A separate sheet may be attached if required).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature
Name: RPC member

Signature
Name: RPC member

Signature
Name: RPC member/External expert

Signature
Name: RPC member

Signature
Name: RPC member

Signature
Name: RPC member (Thesis Co-Supervisor, if any)

Signature
Name: RPC member

Signature
Name: RPC member (Thesis Supervisor)

For Use of Academic Section

The recommendations of the Department were checked and found as per Departmental/Institutional guideline and hereby submitted for consideration.

Approved/Not Approved

Assistant Registrar (Academics)

Coordinator Academic Affairs

Forwarded through

(Convener, DPGC)
Department

(HoD/FIC-Department)
NOTIFICATION FOR COMPREHENSIVE EXAMINATION

(A copy of notification should be sent to OAA)

(The comprehensive examination will be either oral or written or a combination of both, as detailed in the guidelines of individual Departments, and duly approved by the senate Ph.D. manual clause #8.7.)

Department of __________________________

19. The written and/or oral comprehensive examination of Mr./Ms. ____________________________

________________________ Ph.D. student with a Roll number __________________________ will be held as follows.

(a) Written comprehensive examination/ NA (‘NA’ if there is no written component):

Date, time and place: __________________________

(b) Oral comprehensive examination/ NA (NA if there is no oral component):

Date, time and place: __________________________

Signature
Name:
(Thesis Supervisor)

(In cases where thesis supervisor is not allotted, the Convener, DPGC/HoD will forward the form.)

(Convener, DPGC) (HoD/FIC-Department)

Copy to all members CEC (whichever is applicable)
FORMAT FOR COMPREHENSIVE EXAMINATION REPORT FOR PH.D. CANDIDACY
(CEC PHD MANUAL #8.7)
(The complete and signed report of the comprehensive examination must be submitted to OAA within two weeks after the examination)

Department of ____________________________

Section-A: (to be filled by Ph.D. student)

20. Name and Roll No. of Student: ____________________________

21. Phone and Email Address: ____________________________

22. Nature of Fellowship (Institute/External): ____________________________

23. Date of Joining Ph.D. Program: ____________________________

24. Qualifying degree prior to the admission: ____________________________

   (a) Qualifying degree (attach copy of certificate): ____________________________

   (b) College/Institute/University: ____________________________

   (c) Percentage/CPI: ____________________________

25. Period up to which fellowship is Tenable: to ____________________________ from ____________________________

26. Details of the assigned/proposed thesis supervisor: (not applicable, if thesis supervisor is not assigned)

<table>
<thead>
<tr>
<th>Role</th>
<th>Name and designation</th>
<th>Department/ Affiliation</th>
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<tbody>
<tr>
<td>Thesis supervisor</td>
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<td>Thesis co-supervisor (if any)</td>
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</table>

27. Theme of Doctoral work: (not applicable, if thesis supervisor is not assigned)

   (h) Topic of Research: ____________________________

   (i) Broad Subject Area: ____________________________

28. Details about the course work completed as per the institutional/Departmental (in case of extra courses) guidelines clause # 8.2.

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Course code</th>
<th>Course Name</th>
<th>Grade</th>
<th>Course Category</th>
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   (a) Total credit: ____________________________ (b) CPI: ____________________________
29. It is affirmed that the information provided above is authentic to best of my knowledge and belief.

__________________________
Signature of the Student

Section-B: (to be filled by CEC and forwarded by Convener DPGC/HoD)

1. Details of the course work.
   Has the Ph.D. student completed course work requirements as per the institutional/Departmental (in case of extra courses) guidelines clause # 8.2 with required minimum CPI? (a) Yes; (b) No.

2. Details of the comprehensive examination (whichever is applicable as per the clause # 8.7):
   (a) Date of written comprehensive examination: ____________________________
   (b) Date of oral comprehensive examination: ____________________________

3. Rate the overall performance of Ph.D. student on the scale of 0-10: (0 = Very bad, 10 = Outstanding): ________

4. Candidate has (tick the appropriate)
   (a) Passed the comprehensive examination(s) and may be admitted to the candidacy for Ph.D. degree and will be allowed to submit the Ph.D. thesis in accordance with the prescribed guidelines.
   (b) Failed in the comprehensive examination(s) and is advised to clear comprehensive exam in the second attempt before the completion of fourth semester (or as per the guidelines).
   (c) Failed in the second attempt of comprehensive examination(s) and is recommended for termination from the programme (as per the guidelines).

5. Additional remarks, if any (A sperate sheet may be attached if required). ____________________________

__________________________
Name: RPC/CEC member
__________________________
Name: RPC/CEC member
__________________________
Name: RPC/CEC member

__________________________
Name: RPC member/External CEC expert
__________________________
Name: RPC member (Thesis Co-Supervisor, if any)
__________________________
Name: RPC/CEC member (Thesis Supervisor)

Forwarded through
(Convener, DPGC) ____________________________
(HoD/FIC-Department)

For Use of Academic Section
The recommendations of the Department were checked and found as per Departmental/Institutional guidelines and hereby submitted for consideration.

Approved/Not Approved

Assistant Registrar (Academics) ____________________________
Coordinator Academic Affairs