



NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR

Ph.D. FELLOWSHIP ENHANCEMENT-CUM-PROGRESS REPORT

Reporting period: July-December, year/January-June, year

Name of the student	:	
Registration No.	:	
Date of Admission	:	
Nature of Registration (Full time/Part time)	:	
Department	:	
Nature of Assistantship/fellowship (Institute/CSIR/UGC)	:	
Reporting Semester	:	
Seminar/workshop/conferences attended (attach supporting documents)	:	
Publications (attach supporting documents)	:	
Date of assessment	:	
Recent mobile phone no. of the student	:	+91-

- I. Introduction (maximum 300 words): Attachment
- II. Progress During the Reporting Period: Attachment

Date

(Signature of the student)

Recommendation of the DC* (strike out whichever is not applicable)

1. The reported progress is presented in front of the DC and certified to be (satisfactory/ unsatisfactory) _____
2. May continue with the program with/without assistantship
3. The assistantship/fellowship may be enhanced (applicable only at the end of two years for regular, full time Students[↑])

Signature of the members of Doctoral Committee

(Name)
Chairman

(Name)
Member

(Name)
Member

(Name)
Supervisor

(Name)
Cosupervisor

Forwarded to Dean (R & C)

Signature and seal of the Head of the Department

Approved for enhancement of the fellowship/continuation with fellowship without any enhancement

(Dr. P. Kr. Patowari)
Member

(Dr. Ashim Kr. Das)
Member

Dean (SW)
Member

Associate Dean (R & C)
Chairperson

* A copy is to be handed over to the student

[↑] Applicable for regular student only