GNA UNIVERSITY

Inspiring Innovation.....

◆ SIX MONTHS PROGRESS REPORT ◆

Date of Submission: DD / MM / YYYY **Semester: Jan/July to June/Dec, 20**YY

STUDENT DETAIL

Name:

Registration Number: G U - 2 0 - **Faculty:**

Permanent Address:

Mobile: +91

Email ID:

SUPERVISOR DETAIL

Name:

Address:

Mobile: +91

Email ID:

CO-SUPERVISOR DETAIL (if any)

Name:

Address:

Mobile: +91

Email ID:

Title of Ph.D. Research:

Research Work Done in Previous Six Months:

Details of Papers Published, Papers Presented, FDP Attended in Previous Six Months:

Supervisor's Remarks:

Student's Signature

Supervisor's Signature