



डा. बी आर अम्बेदकर राष्ट्रीय प्रौद्योगिकी संस्थान, जालन्धर
Dr B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY JALANDHAR

Ref. No.....

Date.....

Monthly Progress Report of PhD Students

1. Name of the Student.....Roll No.....Department.....
2. Son/Daughter of Sh.....Semester.....
3. Mobile No.....E-mail.....
4. Period from.....to.....Month and Year.....
5. Email of Student..... Mobile No.....
6. Name of the Bank.....Account No.....IFSC Code.....

(Signature of the student)

7. Work Load Allotted.....hours/week

Subject	Name of the Faculty Member	Report of the faculty

8. Thesis progress

- a. Topic of the thesis:.....
- b. Name of the Supervisor:.....
- c. Progress (mention clearly whether satisfactory or unsatisfactory):

9. For office use

Leave Record of the RS	(a) Total Leave available in a Calendar Year	: CL (8)	RH (2)	Medical (20)
	(b) Leave availed	: _____	_____	_____
	(c) Balance available	: _____	_____	_____
	(e) Leave availed in current Month	: _____	_____	_____
	(d) Without stipend after availing leaves	: _____	_____	_____

10. Entered in the Register Page No.....Sr. No.....

Verified that the particulars mentioned against column Sr. No.1 to 10 are in order as per the record of the Department.

Departmental Dealing Hand

Signature of the Supervisor

Signature of HOD

AR (Accounts)