

Student Copy	
Supervisor Copy	
QEC Copy	

MONTHLY RESEARCH PROGRESS REPORT REGARDING PhD THESIS

Name of Student:			
Registration #:	Department:	Department:	
Program / Degree Name:	Batch:Current	Semester No.:	
Name of Supervisor:			
PROGRESS DETAIL	Visit No Date:		
Head	Supervisor Comment	Remarks	
Current Performance		Satisfactory Non Satisfactory	
Task Assigned			
	Student Signature		
Supervisor Signature	Head of Department	Dean Signature	
•	sible to submit the sign copy of this Progress Re		
For use of QEC:			
Submitted to:			
Submission Date:		Signature	