



STATE-OF-THE-ART SEMINAR REPORT

Part-A: To be filled by the Student (before the State-of-the-Art Seminar) & duly forwarded by Supervisor(s)

1. Name of the Student	:					
2. Roll Number	:					
3. Academic Division	:					
4. Name(s) of Supervisor(s):						
5. Date of Successful Completion of Comprehensive Examination:						
6. Number of Semesters already Completed in the PhD Programme:						
7. Present Type/Category of the Student: Put a Tick mark ✓		Full Time		Part Time		
<input type="checkbox"/> Regular	<input type="checkbox"/> Sponsored	<input type="checkbox"/> Self-Financed	<input type="checkbox"/> Project-Staff	<input type="checkbox"/> External	<input type="checkbox"/> QIP/Other	
8. Type of Financial Assistantship, if the student is receiving presently : Institute/ GATE Others (specify):						
9. Date of the State-of-the-Art Seminar :						
10. Area / Topic of Research :						
11. Literature Review/ Survey		Done	/	Not Done		
12. Research Problem Formulated		Yes	/	No		
If Yes, enclose a brief description of the formulated research problem. If No, state the reasons.						

Date:

Signature of the Student

Forwarded to the Doctoral Committee

Date:

Signature(s) of Supervisor(s)

The Doctoral Committee is requested to write their assessment on the State-of-the-Art Seminar on Page No.2

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Part-B: To be filled by the Doctoral Committee (After the State-of-the-Art Seminar)

1. Name of the Student : _____
2. Roll Number : _____
3. Date of the State-of-the-Art Seminar : _____
4. Area / Topic of Research : _____
5. Literature Review/ Survey : _____ Satisfactory / Not Satisfactory
6. Research Problem Formulated : _____ Yes / No
7. Brief comments on the Student's Performance in the State-of-the-Art Seminar: (if space is not sufficient, please write it on a separate sheet & attach)
8. Overall Performance of the Student in the State-of-the-Art Seminar: _____ Satisfactory / Not Satisfactory*

Note: If the overall performance is not satisfactory, then the student has to present SOAS again within a month.

Name & Signature of Doctoral Committee Members:

Signature			
Name	Member	Member	
Signature			
Name	Coordinating Supervisor	Supervisor	Chairperson, DC

Member Secretary, DPPC

Chairperson, DPPC

Remark, if any:	Put up for approval.	Approved
Date:	Dealing Staff of Academic Research Section (Page 2 of 2)	ADoAR/DoAR