



INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE
Deemed to be University under de novo category
Report of the Comprehensive Examination

Name: Mr./Ms _____ School: _____

Funding Agency _____ Scholar ID No: _____ Date of Joining:

Theme of Doctoral work: _____

Review Period from to:

Current Seminar/Assessment Date: Time: _____ Place: _____

No. of papers published/accepted in journals/conference proceedings	No of papers presented in conference /meetings/workshops (unpublished)	No of papers submitted (under review)

Quality of Scientific knowledge and Training (Excellent/ Good/ Satisfactory / Unsatisfactory)	Quality of work done (Excellent/ Good/Satisfactory/Unsatisfactory)	Quantity of work done (Excellent/Good/Satisfactory/Unsatisfactory)

Panel's Report/Recommendations (Detailed comments if any, to be communicated directly to the student) :

a) Enhancement (JRF to SRF) : Yes / No / Not Applicable

b) If yes, date of effect :

c) Detailed report of the Committee : _____

Committee Member	Name	Signature
Supervisor		
Co-supervisor, if any		
Member from School		
Member from other School		
School Chair		
External Member		

Stamp of External Member