**EVALUATION REPORT FOR ENHANCEMENT OF FELLOWSHIP FOR Ph.D. DEGREE**

 **FORM - 6**

**(After Two Years of Admission)**

March 2024

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1. **Name of the Scholar: Roll No.:**
2. **Department / Centre: Date of Admission/Enrollment:**
3. **Registration No.: Date of Registration:**
4. **Date of Seminar:**
5. **Title of the Thesis:**
6. **Recommendation:**
	1. The Progress made by the scholar is Satisfactory? **YES / NO**
	2. The DSC **RECOMMENDS/DOES NOT RECOMMEND** for an enhancement in fellowship:
	3. The Effective date of Enhancement in Fellowship (Subsequent day of enhancement seminar):
7. **Name and Signature of the DSC Members:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.****No.** | **Name of the DSC member** | **Role** | **Signature with date** |
| 1. |  | Supervisor /(s) |  |
| 2. |  | Supervisor /(s) |  |
| 3. |  | Member |  |
| 4. |  | Member |  |
| 5. |  | Member |  |

**CHAIRPERSON, DSC**

**Recommended / Not Recommended for enhancement of Scholarships**

**Dean (Academic)**

**Scholarship Section**