**SRM University-AP, Andhra Pradesh**

**Office of the Academic Affairs**

**PhD Monthly Fellowship Approval**

**Date:**

|  |  |
| --- | --- |
| **Name of the PhD Scholar** |  |
| **Reg. No. of the Scholar** |  |
| **Department** |  |
| **Fellowship for Month& Year** |  |
| **Name of the Supervisor** |  |
| **Details of Weekly Workload of 6 hours** |  |
| **Brief work done in the Month of 21st Jan to 20th Feb** |  |
| **Supervisor Remarks on the Student Progress** | **Satisfactory/Not Satisfactory** |
| **Recommendation by the Supervisor** | **Recommended/Not Recommended** |
| **Observations by the Supervisor (if any)** |  |

**Signature of the student Signature of Supervisor**

Note*: Student may get the signature of Co-Supervisor/HOD incase supervisor is not available*