

REPORT ON THE STATE OF THE ART SEMINAR

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 Department/ Center	:													
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 ✓	<table><tr><td>Full Time</td><td></td><td>Part Time</td></tr><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr></table>	Full Time		Part Time	<input type="checkbox"/>		<input type="checkbox"/>							
Full Time		Part Time												
<input type="checkbox"/>		<input type="checkbox"/>												
<table><tr><td>Regular</td><td>Sponsored</td><td>Self-Financed</td><td>Project-Staff</td><td>External</td><td>QIP/Other</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Regular	Sponsored	Self-Financed	Project-Staff	External	QIP/Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Regular	Sponsored	Self-Financed	Project-Staff	External	QIP/Other									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
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

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*
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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	Main / Coordinating Supervisor	Co-Supervisor	Chairperson, DC

Member Secretary, DPPC/CPPC

Chairperson, DPPC/ CPPC

Remark, if any:	Put up for approval.	Approved
Date:	Dealing Staff of Academic Affairs Section	Chairperson, IPPC

Note: This form is to be submitted by the DC within 3 working days from the date of SOAS.

After signature of the Chairperson, IPPC, the original is to be kept in the personal file of the student in the Academic Affairs Section and a photocopy/ scanned copy is to be sent to the Supervisor(s) and to the Chairperson, DPPC/CPPC.