

**SANT LONGOWAL INSTITUTE OF ENGINEERING AND TECHNOLOGY**

**Longowal, Distt. Sangrur (Punjab), India (Deemed-to-be University under Section 3 of UGC Act, 1956 ) (Academics Section)**

**Performa-I**

**PERFORMA FOR CONSENT OF SUPERVISOR FOR ADMISSION TO Ph.D. PROGRAMME DEPARTMENT OF \_\_\_\_\_\_\_\_\_\_\_\_ CATEGORY \_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| 1. | Name of candidate | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | Father’s name | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | Set roll no. (entrance exam) | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. | Proposed research topic/area | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | Name of supervisor | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Name of supervisor (ii) / co-supervisor: (if any) [attach brief bio-data

|  |  |  |
| --- | --- | --- |
| (if supervisor from other institute) | 1. | 2. |
| & separate consent form] |  |  |
|  |  |  |

SIGNATURES OF CANDIDATE

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor**

A.) Following are the details of the research scholars, already register/to be registered under my supervision pursuing their Ph.D. on full time/part time basis:

B.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. | Name of research scholar | Registration | Whether | the | research | Place | of |
| No. |  | No. | scholar | is | full time | Ph.D |  |
|  |  |  | (with/ |  | without | registration |  |
|  |  |  | fellowship) /part time |  |  |
| 1. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| C.) Agreed to act as supervisor : | YES/NO |  |  |  |  |  |
|  | (Strike whichever is not applicable) |  |  |  |  |  |  |

D.) Certified that the above information, furnished/given by me is true and correct to the best of my knowledge and nothing has been concealed therein and the consent to supervise the above research scholar is given, keeping in view the approved Rules of the institute.

SIGNATURES OF SUPERVISOR

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page-1/2

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**Performa-I**

**Chairperson, DRC**

1. Information given/furnished by the supervisor at Sr. No. A above is verified
2. RECOMMENDED/NOT RECOMMENDED (strike whichever is not applicable)

SIGNATURES OF CHAIRMAN, DRC

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF HOD\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean (Academics)

Page-2/2

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**Performa – II**

**REGISTRATION FORM FOR PH.D. STUDENTS (SEMESTER WISE)**

**ACADEMIC SECTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. |  | Department |  | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. |  | Semester (ODD/EVEN) |  | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. |  | a) | Name of the student | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | b) | Registration No. |  | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | c) | Email |  | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | d) | Mobile No. |  | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. |  | Category |  | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | (General/SC/ST/OBC/PH) |  |  |  |  |  |  |  |
| 5. |  | Ph.D registration |  | : | Yes / No |  |  |  |
|  |  | Confirmed |  |  |  |  |  |  |  |
| 6. |  | Details of Fee deposited |  | : | Receipt No.. \_\_\_\_\_\_\_Dated \_\_\_\_\_\_Amount \_\_\_\_\_ |
| 7. |  | Research Topic/Title of Research: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | (in capital letters) |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8. |  | Name of Supervisor (s) |  | : | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  | : | 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9. |  | Whether Progress Report |  | : | Yes /No |  |  |  |
|  |  | Submitted to Supervisor (s) |  |  |  |  |  |  |
| 10. | Details of subjects to be registered in this semester |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Sr. | Subject code |  | Subject title |  | L |  | T | P |
|  |  | No. |  |  |  |  |  |  |  |  |  |
|  |  | 1. |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 2. |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 11. | Details of courses already passed | : |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Sr. | Subject code | Subject title |  |  | Grade (S/US) |
|  |  | No. |  |  |  |  |  |  |  |  |  |
|  |  | 1. |  |  |  |  |  |  |  |  |  |
|  |  | 2. |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

1. Work done during the previous semester (attach extra sheet, if needed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page1/2

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**Performa – II**

1. Publications (till date)
	1. Journal : WOS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Scopus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Peer Reviewed \_\_\_\_\_\_\_\_\_\_\_UGC/AICTE Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Conferences: International \_\_\_\_\_\_\_\_\_\_\_\_\_\_National\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNDERTAKING

I undertake that my registration is provisional and confirmation is subject to Satisfactory Annual progress Report

Signatures of the student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regd No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendations of Supervisor(s):

Name & Signatures of Chairperson, DRC with date

Name &Signature of HOD with date

Dean(Academics)

Page-2/2

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**Performa-III**

**PERFORMA PROGRESS REPORT FOR PH.D. STUDENTS (ANNUAL)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Department | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | Semester | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | Name of the student | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. | Enrollment/ | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Registration No. |  |  |
| 5. | Approved title | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | of the thesis |  |  |
| 6. | Supervisor | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. | Supervisor-II/ | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Co-Supervisor |  |  |

1. Work done during the previous semester : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(extra sheet may be attached, if needed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Publication, if any, during the a) Journal : WOS \_\_\_\_\_\_\_\_\_ Scopus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Previous semester | Other Peer Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | UGC/AICTE Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | b) | Conferences: International \_\_\_\_\_\_National\_\_\_\_\_\_\_\_ |
| 10.Report on Presentation: |  |
|  |  |  |

Signatures of the student

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendations

Name & Signatures of the Supervisor(s)

Signatures of DRC and RPC/RAC members

Dean (Academics)

Page1/1

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**Performa-IV**

**PERFORMA FOR RESEARCH PLAN PRESENTATION FOR CONFIRMATION OF PH.D REGISTGRATION**

|  |  |  |
| --- | --- | --- |
|  | Date of Presentation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Venue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. | Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. | Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | Provisional Enrollment No. \_\_\_\_\_\_\_\_\_\_\_ | 4. | Date of Enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. | Academic Session\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5. | Category under which admitted \_\_\_\_\_\_\_ |

1. **Particulars of course works in which registered/already passed**

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | Subject Code | Grade Obtained | Semester & Academic |
|  |  |  | Session |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Title of Research Work Proposed in Research Plan (in capital letters)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| 8. | **Names of supervisor(s) with designation and affiliation** |
|  | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Summary of the report and presentation (Please put Y in the corresponding column)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Unsatisfactory** | **Satisfactory Good** | **Excellent** |

Originality/Research

Significance of the research

Technical relevance

Clarity of writing

Does the report clearly indicate objective, scope

& methodology?

Page 1/2

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**Performa-IV**

**Final Recommendations**

1. Recommended with no changes
2. Recommended if certain minor revisions are made
3. Student should prepare a major revision and present seminar within 2 months again
4. Rejected

**If recommended on selection at i or ii , Finalized Research Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Finalized Research Objectives:**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional comments and suggestions by the External Member(s) (if required, separate sheet may be attached):**

|  |  |  |
| --- | --- | --- |
| **DRC and RAC /RPC Members (Name & Signature)** |  |  |
| 1. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 6. | Supervisor \_\_\_\_\_\_\_\_\_\_\_ |

Sign. of Chairperson, DRC : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Sign of External Expert | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name with designation | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dean (Academics) |  |
|  | Page 2/2 |
|  |  |
|  | **Proud to Be Part of Team SLIET** |



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**Performa-V**

**PERFORMA FOR RECOMMENDATIONS FOR ENHANCEMENT (SRF) AND EXTENSION OF FELLOWSHIP AFTER TWO YEARS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the scholar |  |  |  |
|  |  |  |  |
| Regn. No. |  |  |  |
|  |  |  |  |
| Research topic |  |  |  |
|  |  |  |  |
| Department |  |  |  |
| Date of | registration | and |  |  |
| date of joining |  |  |  |
| Name of supervisor (s) | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |
| Course work completed | Yes/ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Registration confirmed |  | Yes / No \_\_\_\_\_\_\_\_ if Yes, wef \_\_\_\_\_\_\_\_\_\_\_Letter No. \_\_\_\_\_\_\_\_ |  |
|  | and Date\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |
|  |  |  | SCI\_\_\_\_\_\_SCIE\_\_\_\_\_SSCI \_\_\_\_\_\_\_AHCI\_\_\_\_\_\_\_\_\_SCOPUS\_\_\_\_\_\_\_\_\_ |  |
|  |  |  | Any peer reviewed indexed journal in NIRF ranking\_\_\_\_\_\_\_\_\_\_\_ |  |
| Paper | publications | (encl. | UGC/AICTE Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Copies) |  |  | Peer Reviewed Journal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  | ( with Impact Factor ) |  |
|  |  |  | Conferences : International \_\_\_\_\_\_\_\_\_\_\_National \_\_\_\_\_\_\_\_ |  |
|  |  |  |  |  |

UNDERTAKING BY CANDIDATE

My proposed work Plan is enclosed, I undertake that I will stick with the proposed work plans

DATE\_\_\_\_\_\_\_\_

NAME & SIGNATURE OF SCHOLAR

RECOMMENDATIONS OF SUPERVISOR (S)

It is certified that student is regular and working satisfactorily. Further it is recommended for enhancem (SRF) and extension of fellowship for one year on the basis of work progress till date

NAME & SIGNATURE OF SUPERVISOR(S)

Page- 1/2

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**Performa-V**

RECOMMENDATIONS OF DRC CONCERNED AND RPC/ RAC CONCERNED Recommended for enhancement (SRF) and extension of fellowship for one year. Proposed List of Experts for grant of SRF is as under:

|  |  |
| --- | --- |
| Name of External Expert | Designation and Department |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DRC and RAC /RPC Members (Name & Signature) |  |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHAIRMAN DRC /HOD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For selection of external expert

Dean (A)

Director

RECOMMENDATIONS OF REVIEW COMMITTEE

Enhancement ( SRF) Recommended w.e.f.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extension of Fellowship Recommended w.e.f. \_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Committee Members

\_\_\_\_\_\_\_\_\_ Supervisor

\_\_\_\_\_\_\_\_\_ Co-Supervisor

\_\_\_\_\_\_\_\_\_ External Expert

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Chairman DRC/ HOD

(Out side Institute)

Recommended for Approval

Dean (A)

DIRECTOR

Page-2/2

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**SANT LONGOWAL INSTITUTE OF ENGINEERING AND TECHNOLOGY**

**Longowal, Distt. Sangrur (Punjab), India (Deemed-to-be University under Section 3 of UGC Act, 1956 ) (Academics Section)**

**Performa-VI**

**PERFORMA FOR RECOMMENDATIONS FOR EXTENSION OF FELLOWSHIP AFTER THREE / FOUR YEARS**

|  |  |
| --- | --- |
| Name of the scholar |  |
|  |  |
| Regn. No. |  |
|  |  |
| Research Topic |  |
|  |  |
| Department |  |
|  |  |
| Date of registration and |  |
| date of joining |  |
| Name of supervisor |  |
|  |  |
| Course work completed | Yes/No\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Registration confirmed | Yes /No \_\_\_\_\_\_\_\_\_\_\_\_ if Yes, wef \_\_\_\_\_\_\_\_\_\_\_ Letter No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | and Date\_\_\_\_\_\_\_\_\_\_\_\_ |
| Paper publications (encl. |  |
| Copies) | SCI\_\_\_\_\_\_SCIE\_\_\_\_\_SSCI\_\_\_\_\_\_\_\_\_AHCI\_\_\_\_\_\_\_\_\_SCOPUS\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_ |
|  | Any peer reviewed indexed journal in NIRF Ranking\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | UGC/AICTE Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Peer Reviewed Journal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | ( WITH IMPACT FACTOR ) |
|  | CONFERENCES : International \_\_\_\_\_\_\_\_\_\_\_National \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ |

UNDERTAKING BY CANDIDATE WITH TIMELINE

My proposed work Plan is enclosed, I undertake that I will stick with the proposed work plans

SPECIFIC REASONS FOR REQUEST FOR EXTENSION OF FELLOWSHIP

|  |  |
| --- | --- |
| DATE\_\_\_\_\_\_\_\_ | NAME & SIGNATURE OF SCHOLAR |
| RECOMMENDATINS OF SUPERVISOR (S) |  |
|  |  |

|  |  |
| --- | --- |
|  | NAME & SIGNTURE OF SUPERVISOR(S) |
| RECOMMENDATIONS OF DRC CONCERNED AND RPC/ RAC |  |  |
| Recommended for extension of fellowship for \_\_\_\_\_\_\_\_\_\_\_ years /\_\_\_\_\_\_\_\_\_\_\_ month. |  |
|  |  |  |
| DRC and RAC /RPC Members (Name & Signature) |  |  |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| CHAIRMAN DRC /HOD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Page-1/2 |  |  |

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**Performa-VI**

**PERFORMA FOR RECOMMENDATIONS FOR EXTENSION OF FELLOWSHIP AFTER THREE / FOUR YEARS**

DEAN (ACADEMICS)

Following Review Committee is Constituted:

1 . DEAN (A) OR NOMINEE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. CHAIRMAN DRC / HOD
2. SUPERVISOR ( S )

DEAN (ACADEMICS)

RECOMMENDATIONS OF REVIEW COMMITTEE:

Extension of Fellowship Recommended w.e.f .\_\_\_\_\_\_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Committee Members

\_\_\_\_\_\_\_\_\_ Supervisor

\_\_\_\_\_\_\_\_\_\_\_ Co-Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chairman DRC/HOD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean (a)/ Nominee

Recommended for Approval

Dean (A)

DIRECTOR

Page-2/2

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**Performa-VII**

**RESEARCH SCHOLARS WORK PLAN FOR EXTENSION OF FELLOWSHIP**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the scholar |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Regn. No. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Research topic |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Department |  |  |  |  |  |  |  |  |
| Date of Registration |  |  |  |  |  |  |  |
| Name of supervisor |  |  |  | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
| Work progress ( previous |  |  |  |  |  |  |
| year) |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Proposed | work / | research |  |  |  |  |  |
| scholars | work | plan | for | next |  | S. | Activity | Target Date |  |
| semester | with | time | line | and |  | No. |  |  |  |
| pert chart |  |  |  |  |  | 1. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | 2. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | 3. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | 4. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | 5. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | 6. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | 7. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | 8. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

NAME & SIGNATURE OF CANDIDATE

NAME & SIGNATURE OF SUPERVISOR : 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 1/1

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**Performa-VIII**

**UNDERTAKING FOR SEEKING PERMISSION FOR SYNOPSIS SEMINAR FOR PH.D THESIS SUBMISSION**

1. Name of the Research Scholar
2. Registration No.
3. Date of conformation of registration
4. Department
5. Thesis Title
6. Whether objectives of Research plan achieved ( mention objectives)
7. Whether publications completed for Ph.D Thesis submission as per Ph.D Rules & Regulations applicable (Mention details of papers published in journals with impact factor and in proceedings of International Conferences )

Signature of Research Scholar

Certified that objectives of his work has been completed and student has published requisite no. of papers in quality journals as prescribed in Rules

Signature of Supervisor / Co-Supervisor

HOD( )

Dean (Academics), SLIET, Longowal

Page 1/1

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**Performa-IX**

**EVALUATION REPORT ON THE SYNOPSIS SEMINAR FOR PH.D THESIS**

**Thesis Title (In capital letters):**

**Date & Venue of Seminar**

1. Name of the Research Scholar
2. Registration No.
3. Department
4. Date of confirmation of Ph.D. registration
5. **Recommendations :**
	1. After evaluating the work presented

bytheResearchScholar

\_\_\_\_\_\_\_\_\_\_\_\_\_\_, it is certified that the quality & volume of work is suitable for submission of Ph.D Thesis. It is also certified that candidate has published the quality work in accordance with Ph.D Regulations in force.

* 1. If minor change in title and objectives recommended **(Yes/No)**

6.

(i) If conditions at S.No. 5 (i) not

fulfilled, kindly give your

recommendations and remarks

1. If condition at S.No. 5 (ii) is Yes, kindly list the new title and objectives

Signatures of the RPC/RAC Members with date

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendations of DRC

(DRC Member) (DRC Member) (DRC Member) (DRC Member) (Supervisors)

Signatures of Chairperson, DRC with date

Dean (Academics)

Page 1/1

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**Performa-X**

Department Dispatch No. \_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_ Department of \_\_\_\_\_\_\_\_\_\_\_\_

**PROFORMA FOR PANEL OF EXAMINERS FOR PH.D. THESIS EVALUATION**

The panel of following examiners is proposed for evaluation of Ph.D. Thesis:

|  |  |  |
| --- | --- | --- |
| **Candidate’s Name & Regn. No.** | **Thesis Title** | **Supervisor(s)** |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Examiners from India (Including IITs / NITs / IIMs /** |  | **Examiners from Foreign (Preferably from** |
|  |  | **TIFR)** |  |  | **Developed Countries)** |  |
|  | **Name &** | **Department,** | **Email ID** |  | **Name & Designation** | **Department,** | **Email ID** |
|  | **Designation** | **Affiliation &** | **& Phone** |  |  | **Affiliation &** | **& Phone** |
|  |  | **Postal Address** | **No.** |  |  | **Postal Address** | **No.** |
| 1 |  |  |  | 1 |  |  |  |
|  |  |  |  |  |  |  |  |
| 2 |  |  |  | 2 |  |  |  |
|  |  |  |  |  |  |  |  |
| 3 |  |  |  | 3 |  |  |  |
|  |  |  |  |  |  |  |  |
| 4 |  |  |  | 4 |  |  |  |
|  |  |  |  |  |  |  |  |
| 5 |  |  |  | 5 |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Submitted for approval please. |  |  |  |  |  |

**Undertaking :**

The field of expertise of the proposed referees are in line with submitted research work by the scholar. Further verified that the above list of Examiners is as per Clause no. 7.2 of Ph.D. Rules & Regulations.

Name & Signature of DRC Members / Supervisor

HOD / Chairman DRC

Page 1/1

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**Performa**-**XI**

**REPORT OF THE THESIS EXAMINER FOR THE AWARD OF PH.D DEGREE**

1. Name of Student
2. Father’s Name
3. Registration No.
4. Title of Thesis (in CAPITAL Letters)

5.(a) Date of Submission of

Thesis (originally)

(b) Revised submission (if

applicable)

**EXAMINER’S REPORT**

Check ( √ ) for your recommendations. Examiner may offer his/her remarks as per his/her recommendations made. Additional sheet may be used, if necessary.

1. Thesis is recommended for award of Ph.D. Degree.
2. i) The thesis be accepted after minor revision for the award of Ph.D. Degree and required to be sent for examination of responses before acceptance
	1. The thesis be accepted after minor revision for the award of Ph.D. Degree and not be sent for examination of responses.
3. The thesis be accepted after major revision requiring rewriting a portion / chapter of the thesis incorporating some additional work and the revised thesis shall be sent for examination of responses before acceptance for award of Ph.D Degree
4. The thesis to be rejected.

Signature of Examiner with date

Name of examiner:

Designation:

Address:

Page 1/1

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**Performa-XII**

**REPORT OF THE VIVA-VOCE EXAMINATION BOARD FOR THE AWARD OF PH.D**

|  |  |
| --- | --- |
| Thesis Title (in capital letters) | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date & Venue of Viva Voce Examination | :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| 1. | Name of the Research |  |  |
|  | Scholar |  |  |
|  |  |  |  |
| 2. | Father’s name |  |  |
|  |  |  |  |
| 3. | Registration No. |  |  |
|  |  |  |  |
| 4. | Department |  |  |
|  |  |  |  |
| 5. | Name of Supervisor (s) |  |  |
|  | with designation |  |  |
|  |  |  |  |

**Evaluation Criteria:**

(to be filled by the Viva voce Examination Board members)

1. Examination of the Thesis Evaluation Reports:
2. Examination of necessary modifications suggested by the examiners and incorporation status:
3. Candidate’s reply to the questions raised by the examiners:
4. Authentication of the work as the student’s own:

Page-1/2

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**Performa-XII**

**REPORT OF THE VIVA-VOCE EXAMINATION BOARD FOR THE AWARD OF PH.D**

1. Presentation of the work by the candidate and answers to the questions:
2. Recommendations of the Viva-Voce Examination Board :

**Names and Signatures of the Viva-Voce Examination Board Members:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Signature of Chairperson,

DRC, Deptt. of

\_\_\_\_\_\_\_\_\_\_

SLIET, Longowal

Chairperson, CRC, SLIET

Page-2/2

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**Longowal, Distt. Sangrur (Punjab), India (Deemed-to-be University under Section 3 of UGC Act, 1956 ) (Academics Section)**

**Performa-XIII**

**STUDENT APPROVAL FORM**

Name of the Author

Department

Degree

University

Guide

Thesis Title

Year of Award

**Agreement**

1. I hereby certify that, if appropriate, I have obtained and attached hereto a written permission / statement from the owner(s) of each third party copyrighted matter to be included in my thesis/dissertation, allowing distribution as specified below.
2. I hereby grant to the university and its agents the non-exclusive license to archive and make accessible, under the conditions specified below, my thesis / dissertation, in whole or in part in all forms of media, now or hereafter known. I retain all other ownership rights to the copyright of the thesis / dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis, dissertation, or project report.

**Conditions**:

1. Release the entire work for access worldwide
2. Release the entire work for ‘My University’ only for

1 year,

2 years,

3 years

and after this time release the work for access

worldwide.

1. Release the entire work for ‘My University’ only, while at the same time releasing the following parts of the work (e.g. because other parts relate to publications) for worldwide access:

a.) Bibliographic details and Synopsis only.

* 1. Bibliographic details, synopsis and the following chapters only
	2. Preview / Table of Contents / 24 page only
1. View Only (No Downloads) (world wide)

|  |  |
| --- | --- |
| Signature of the Scholar | Signature and seal of the Guide |
| Place |  |
| Date |  |
|  | Page- 1/1 |
|  |  |
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**Performa-XIV**

**FORM FOR INCENTIVE FOR RESEARCH SCHOLARS**

**(SLIET QUALITY PUBLICATION AWARD ) (SQPA)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name and Registration of PhD scholar |  |  |
|  |  |  |  |  |
| 2 | Department |  |  |  |
|  |  |  |  |  |
| 3 | Registration no. |  |  |  |
|  |  |  |  |  |
| 4 | Date of Registration |  |  |  |
|  |  |  |  |  |
| 5 | Supervisor (s) |  |  |  |
|  |  |  |  |  |
| 6 | Full Time / Part Time |  |  |  |
|  |  |  |  |  |
| 7 | Detail of mandatory two research papers published in web of science journals with impact |
|  | factor 1 or above with documentary proof |  |  |
|  |  |  |  |  |
| **S.No.** | **Author’s Name** | **Title** |  | **Journal Details** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Detail of Additional Research Paper Published in WEB of Science Journals with Impact Factor |
|  | 1 or above with documentary proof |  |  |
|  |  |  |  |  |
| **S.No.** | **Author’s Name** | **Title** |  | **Journal Details** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Signature of Research Scholar

Recommendations of Supervisor ( s)

Recommendations of HOD concerned

Recommended for cash incentive of Rs.5000/-

Dean (Academic)

DIRECTOR, SLIET

Page- 1/1

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**Longowal, Distt. Sangrur (Punjab), India (Deemed-to-be University under Section 3 of UGC Act, 1956 ) (Academics Section)**

**Performa-XV**

**REQUEST FOR PARTICIPATING IN NATIONAL/ INTERNATIONAL CONFERENCE/ SEMINAR / BY A RESEARCH SCHOLAR FOR PAPER PRESENTATION**

|  |  |  |
| --- | --- | --- |
| 1. | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. Regd. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| 3. | Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4. Category (Full Time/ Part Time): |
|  |  |  |
| 5. | Major Discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| 6. |  | Date of joining: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 7. In case of Full Time ( with/ without |
|  |  |  | fellowship): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| 8. | Department |  |
|  |  |  |
| 9. | Course work completed: Yes/ No |  |
|  |  |  |
| 10. | Amount of fellowship and source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| 11. | Name of Supervisor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| 12. | Name of the Conference/Seminar to be attended: |  |
|  |  |  |
| 13. | Period of the conference/ seminar: | 14. Venue (city/state) of the |
|  |  |  | conference/ seminar: |
|  |  |  |
| 15. | Registration fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 16. Other expenditure |
|  |  |  | (TA):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| 17. | Financial assistance from any other institute/ agency for the above |
|  |  | conference/ seminar to be attended: |  |
|  |  |
| 18. | Whether personally presenting a research paper: Yes/ No |
|  |  | a) If yes, whether the paper has been accepted for presentation at the meeting: Yes/ No |
|  |  | b) Full paper along with an abstract attached: Yes/ No |
|  |  | c) Letter of acceptance from the organizers for Oral/ Poster Presentation attached: Yes/ No |
|  |  |
| 19. | Details of **previous or already attended** conference/ seminar (including name of the event, duration, |
|  |  | date, organizer etc.): |  |
|  |  |
| 20. | Whether the **previous or already attended** conference/ seminar was funded by SLIET ? If Yes, |
|  |  | mention the name / serial no. of the Conference / Seminar |

21. Enclosure (proof of invitation/ acceptance from organizers):

Page-1/2

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**Performa-XV**

**REQUEST FOR PARTICIPATING IN NATIONAL/ INTERNATIONAL CONFERENCE/ SEMINAR / BY A RESEARCH SCHOLAR FOR PAPER PRESENTATION**

22. All the above information is to the best of my knowledge

STUDENT’S SIGNATURE (WITH DATE)

1. Recommendations of the supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SUPERVISOR

(SIGNATURE WITH DATE)

1. **Recommendations of the DRC concerned and Chairman, DRC as per Rule : 10.6 of Ph.D Regulations -2018 amended in CRC meeting 09.01.2019 and ratified in 23rd Senate Meeting dated 15.01.2019**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SIGNATURE (WITH DATE) DRC MEMBERS CONCERNED AND CHAIRMAN, DRC DEPARTMENT OF \_\_\_\_\_\_\_\_\_\_\_

1. Remarks/ Recommendations of Dean Academics :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DEAN (ACADEMICS)

DIRECTOR, SLIET

Page-2/2

**Proud to Be Part of Team SLIET**



**SANT LONGOWAL INSTITUTE OF ENGINEERING AND TECHNOLOGY**

**Longowal, Distt. Sangrur (Punjab), India (Deemed-to-be University under Section 3 of UGC Act, 1956 ) (Academics Section)**

**Performa-XVI**

**REPORT OF THE REVIEW COMMITTEE MEMBERS FOR EXTENSION OF TIME PERIOD FOR COMPLETION OF PH.D TO PART TIME SCHOLARS AFTER EXPIRY OF 07 YEARS**

Report of the Review Committee Members for conducting presentation, making assessment and

|  |  |
| --- | --- |
| recommendations of the work being done by | Part Time Research Scholar who have completed \_\_\_\_\_\_\_\_\_\_ |
| quarter of | extended 08th years (After expiry of 07 years) | for extension of time for completion of Ph.D. |
|  |  |  |  |  |
| Time, Date and venue of |  |  |  |  |
| Presentation |  |  |  |  |
|  |  |  |  |  |  |
| Name of | Research Scholar, |  |  |  |  |
| Registration No. |  |  |  |  |
|  |  |  |  |  |
| Department |  |  |  |  |
|  |  |  |  |  |
| Date of Registration and 07 years | **Date** | **of** | **Date of completion** | **Last extension upto** |
| of registration completed on and | **Registration** | **of 07 years** |  |
| last extension upto |  |  |  |  |
|  |  |  |  |  |
| Findings of the Review |  |  |  |  |
| Committee member |  |  |  |  |
|  |  |  |  |  |
| Recommendations |  |  |  |  |
|  |  |  |  |  |
| Suggestions (if any) |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Signatures of | Name and Signatures of | Name and Signature of Concerned |
| Chairman-DRC-Convener | External Member | Supervisor ( s ) |
|  |  | (Professor from Other |  |
|  |  | Department of SLIET ) |  |
| Signatures | of |  |  |
| HOD ( | ) |  |  |

Dean (Academics )

Page 1/1

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**SANT LONGOWAL INSTITUTE OF ENGINEERING AND TECHNOLOGY**

**Longowal, Distt. Sangrur (Punjab), India**

**(Deemed-to -be University under Section 3 of UGC Act, 1956 )**

**(Academics Section)**

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Performa-XVII** |  |
| **BILL FOR PAYMENT OF FELLOWSHIP TO THE FULL TIME RESEARCH SCHOLARS OF DEPARTMENT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FOR THE** |  |
| **MONTH OF \_\_\_\_\_\_\_\_\_, YEAR\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. Certified that the above particulars are correct as per original record of the concerned fellow, maintained in the department.
2. Fellowship of above mentioned Research scholars is recommended for release as per Column No. 11 of above table, duly verified by the guide/supervisor.

Stamp and Sign of HOD with date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department

Page 1/1

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