Annexure-VIII

Lamrin Tech Skills University Punjab

Six Monthly Progress Review Report

Period of the Report: DD/MM/YYYY to DD/MM/YYYY

Student Information:

Full Name ……

Registration No. ……

School/ Department ……

Name of Supervisor ……

Name of Co-Supervisor (if any) ……

Progress Report evaluated by the Research Advisory Committee (RAC)

Progress (attach brief report): Satisfactory/Unsatisfactory

Recommendation for promoting to the next semester (Tick) Recommended/Not Recommended

Remarks, if any ……

……..

(Signature)
Vice-Chancellor's Nominee
Name:
Designation:
Date:

(Signature)
Dean of the School
Name:
Designation:
Date:

(Signature)
Head of the Department
Name:
Designation:
Date:

(Signature)
Convener (Ph.D. Supervisor)
Name:
Designation:
Date: