Doctoral Scrutiny Committee (DSC) Recommendation
(Full-Time and External / Part-Time Ph.D. Students)

Date: DD/MM/YYYY

1. Name of the Scholar : 
2. Current Status : ☐ Full-Time ☐ Part-Time
3. Registration No. : 
4. Date of Admission : 
5. Department : 
6. Date of Meeting : 
7. Name of Supervisor (s) : (a) , Guide 
(b) , Co-Guide (if any)  
(c) , External Guide & Affiliation (if any)
8. DSC Members Present : (a) 
(b) 
(c) 
(d)
9. Assessment Period : From DD/MM/YYYY To DD/MM/YYYY
10. DSC Report : 
   (a) Field Work Done, if any : ☐ Yes ☐ No ☐ Not Applicable
   (b) Lab. Work Done, if any : ☐ Yes ☐ No ☐ Not Applicable
   (c) Seminar / Conferences Attended / Papers Presented (if any) : ☐ Yes [….Nos.] ☐ No
   (d) Journal Article (s) Published during the Assessment Period : ☐ Yes [….Nos.] ☐ No
   (e) Response of the Scholar before DSC during Presentation : ☐ Not Satisfactory ☐ Satisfactory  
      ☐ Good ☐ Excellent
   (f) Details of Course Work : Assigned : _____ Nos. 
      Completed: _____ Nos. 
      Pending : _____ Nos.
   (g) Details of Current Year / Semester Fee Payment :
Date of Payment
For Session
SB Collect Reference No.
Amount (Rs.)

(h) Specific Observation Made by the Committee, if any

(i) Progress of the Scholar:
☐ Not Satisfactory
☐ Satisfactory
☐ Good
☐ Excellent

(j) Recommended Date of Ph.D. Registration Extension:
Date: From DD/MM/YYYY To DD/MM/YYYY

(k) Recommendation for Continuation of Fellowship, if applicable:
As:
☐ JRF
☐ SRF
☐ Not Applicable
Date: From DD/MM/YYYY To DD/MM/YYYY
Amount: Rs.…………../month
Source:

(Name) (Name) (Name) (Name)
DSC Member 1 DSC Member 2 DSC Member 3 Chairperson of DSC

Enclo.: 1. Current Year / Semester Fee Receipt 2. Progress Report 3. Details of Course Work Completed with Grade Sheet 4. Details of Papers Published during the Assessment Period with copy of First Page

For Office Use only

Current Year Fee Receipt:
☐ Yes
☐ No
Details of Course Work Assessment Period:
☐ Yes
☐ No
From:
Progress Report:
☐ Yes
☐ No
Copy of Papers Published:
To:
Extension of Registration:
As:
☐ JRF
☐ SRF
☐ Not Applicable
Date:
From:
Fellowship for the Period:
To:
Source of Fellowship:
Remarks, if any: …………………………………………………

Dealing Assistant
AR (E & A) / DR (E & A)

Assoc. Dean (Acad – PG) / Dean (Acad)
DSC Recommendation:
☐ Approved
☐ Not Approved
Remarks, if any: …………………………………………………

Assoc. Dean (Acad – PG) / Dean (Acad)

AR (E & A) / DR (E & A)