

(DEEMED TO BE UNIVERSITY)

Declared as Deemed to be University u/s 3 of UGC Act, 1956

The Constituent College

SHRI. B. M. PATIL MEDICAL COLLEGE, HOSPITAL AND RESEARCH CENTRE

Smt. Bangaramma Sajjan Campus, B. M. Patil Road (Sholapur Road), VIJAYAPURA-586103. Karnataka, India. Phone:08352-262770 (Ext-2329,2330), Fax: 08352-263303, website: www.bldedu.ac.in, e-mail:office@bldedu.ac.in

SIX MONTHLY PROGRESS REPORT (For Ph.D. Scholars)

1.	Name of the Scholar	
2.	Title of Thesis	
3.	Department	S
4.	Category (Full time/Part time)	
5.	Registration Number	
6.	Progress Report No.	
7.	Postal Address	G GENERALI
8.	e-mail Address	
9.	Telephone No. Cell	
	Home	
	Office	
	Fax No.	
10.	Name of the Guide	
11.	Name of the Co-Guide	

1.	Description of the study [Briefly state the purpose and objectives of your study.]				
2.	Progress of study (from	to)			
	[Say, in maximum two paragra		far.]		
3.	Problems encountered				
	[This may involve difficulties gaining access to respondents or data sources, financial difficultie illness, etc. If you think you may need an extension, note this here.]				
	FIDE STORES				
4.	Details of Research activities				
	a) Research article prepared/s details.	ubmitted for publication or pub	lished, if any. If yes, please provide		
		e / Workshop / CME attended, . Attach abstract of paper/ ppt /p	if so, please provide the date, name of oster.		
5. Did you do any teaching in last 6 months, if yes, provide details (No. of classes, UG/PG/topics covered)					
	UG/PG/Guest Lectures Specify	No. of Classes Conducted	Topics Covered		

6. Did you get any Fund / Grant /Fellowship for your Research / fellowship etc, if so give the details

Goals for next Six Months:
Remarks of the Guide:
Remarks of the Co-guide:
Date of submission of the report: s progress report has to be submitted through proper channel to the Registrar.
nature of the Student Signature of the Co-Guide
nature of the Guide Professor & HOD
n, R&D Principal
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