

Indian Institute of Technology Hyderabad Kandi, Sangareddy-502 285



 **PhD Research Proposal Seminar - Evaluation Form**

Name of the Scholar : Roll No.: Department :

Title of Seminar :

Evaluation Date :

Short Abstract :

*(use separate sheet, if required)*

# DC Report:

The Work done by the Student/Scholar is:

1. Excellent
2. Good
3. Satisfactory
4. Unsatisfactory and Suspension of the Stipend

# Doctoral Committee Members:

Guide Signature (with Date):

Name :

Co-Guide Signature (with Date)(if any):

Name :

1. Signature (with Date):

Name:

1. Signature (with Date):

Name:

*(Dept. of ) (Dept. of )*

1. Signature (with Date):

Name:

*(Dept. of )*

HoD Signature (with Date):

Name :

Deputy Registrar (A.P.) **Dean (A.P.)**