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| **SHODH- ScHeme of Developing High Quality Research** | | |
| **Continues Evaluation Report to be issued by the Guide and Head of Department** | | |
| 1. | Name of Student |  |
| 2. | Subject |  |
| 3. | Name of the Department |  |
| 4. | Name of University |  |
| 5. | PhD approval (by RDC) date |  |
| 6. | Month/Year of attendance |  |
| 7. | Continues Evaluation Report of Student During the Month |  |
| 8. | Progress of Student | Excellent Very Good  Good Average  Poor |
| 9. | Whether continuation of stipend under SHODH is recommended or not? |  |
| Name of Guide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institute Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Name of Head of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_  Institute Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_    Round Seal of Institute | | |

Note: RDC Report of the student should be sent.