

INDIAN INSTITUTE OF PUBLIC HEALTH GANDHINAGAR
(A University established under IIPHG Act, 2015 of Gujarat)

ANNEXURE 4: FORMAT FOR SIX MONTHLY PROGRESS REPORT

Name of the PhD Scholar:	
Year of Admission:	
Enrolment No:	
Name of the Research Supervisor: Email id: Contact no.:	
Name of the Co-Supervisor (If any): Email id: Contact No.:	
Category of Ph.D. Scholar: Full Time / Part time	
Mobile No:	Email ID:
Title of the Ph.D. Research:	
Specialization:	Public Health /Hospital Administration
Number of Semester:	Duration of the Semester (Mention Month & Year)
Previous Progress Report (Copy to be enclosed) - (If not submitted, provide the No of Sem / Month /Year)	
Institutional Ethical Clearance / Animal Ethical Clearance (If applicable)	
Progress so far: 1 2 3 4 5	
Plan of action for next semester 1 2 3 4 5	

Note: Use additional page if required.

Name and Signature of Ph.D. Scholar Name and Signature of Ph.D. Research Supervisor

Name and Signature of PhD Co-Supervisor (if any)