

**PhD Progress Report**

Reporting month	0	6	12	18	24	30	36	42
Please tick								

1. Name of the Student :
2. Registration Number :
3. Date of Registration :
4. Name of the Supervisor:
5. Name of the Department, .:
6. Title of PhD project :

**Details to be submitted only for first time at the start of the degree**

7. Short description of planned work and time schedule (tabular, 6 months in column):

**Details to be submitted every 6 months**

8. Tasks completed during last 6 months (in bullet points): (date to date)  
Please submit one-page separate word document.
9. Difficulties/challenges faced during last 6 months:
10. Any Other details (Please specify):

Doctoral Committee report: Enclosed Yes/No

**Signatures with date**

PhD Student	Supervisor	Department Coordinator	Research Dean