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| **ACSIR_logo_FINAL** | **Headquarters:** AcSIR, CSIR-HRDC Campus, Sector 19, Kamla Nehru Nagar, Ghaziabad, UP, 201002 |

**ACADEMY OF SCIENTIFIC AND INNOVATIVE RESEARCH**

**COMPREHENSIVE EXAMINATION COMMITTEE MEETING**

|  |  |
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| **Name of the student** |  |
| **AcSIR Enrollment Number** |  |
| **Date of Enrollment in AcSIR** |  |
| **Name of CSIR Lab affiliated with** |  |
| **Fellowship - CSIR/UGC/ICMR/Others**  **(If others, please specify)** |  |
|  |
| **Name of the Supervisor** |  |
| **Name & affiliation of the co-supervisor**  **(if any)** |  |
| **Date of Comprehensive Examination** |  |
| **Has all minimum credit requirements and mandatory courses completed? (Yes/No)** |  |
| **Has DAC II been conducted along with the comprehensive examination? (Yes/No)** |  |

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| **Specific title of the proposed thesis:** |
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**\*Progress report attached**

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| 1. **Committee Meeting Details : To be filled by Supervisor** |

1. **Assessment Committee:**

|  |  |  |
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| **1.** | **Director / Nominee** |  |
| **2.** | **External Expert (if any)** |  |
| **3.** | **DAC Member** |  |
| **4.** | **DAC Member** |  |
| **5.** | **DAC Member** |  |
| **6.** | **Co Supervisor (if any)** |  |
| **7.** | **Supervisor** |  |

1. **Venue, Date and Time of interview**

|  |  |  |
| --- | --- | --- |
| **CSIR-Lab Name** | **Date** | **Time** |
|  |  |  |

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| 1. **Recommendation of the Comprehensive Board** |

**Comments from Comprehensive Examination Board after presentation and discussion (If any):**

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**\*Please attach additional sheet, if required and obtain signature of members on it**

**After evaluation of the progress report and presentation followed by interview, the committee found the progress of the candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Satisfactory / Unsatisfactory and recommends that the candidate be registered for PhD at AcSIR / needs to reappear for Comprehensive Examination.**

|  |  |  |
| --- | --- | --- |
| **( DAC member)** | **(DAC member)** | **(DAC member)** |

**(External Expert (if, any)) (Supervisor) (Co Supervisor (if any)**

**(Director/Nominee)**

**Comments (if any) noted, Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AcSIR Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: (Director, CSIR-Lab Name)**