

#### DIRECTORATE OF RESEARCH AND INNOVATION

### **CMR** University

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Date:

# DIRECTORATE OF RESEARCH AND INNOVATION

#### SIX MONTH - PROGRESS REPORT

(To be submitted by the Research Scholar for every semester)

I. Research Scholar Details	<b>5:</b>	
1. Name:		
2. Registration No.:		
a. Category at the time	of Registration: Full Time/ Part Tim	e:
b. Date of Provisional I	Registration with the	
University		
3. a. Discipline:	2.b. S	ubject
4. Research Topic:		
5. Period of the Report: Fr	rom: To	
II. Research Supervisor's R	amarks*•	
-	it:	
	out by the Scholar From	
•	ory (strike off whichever is not app	
opines that the progress	is unsatisfactory, a detailed report i	n a separate paper has to be
submitted along with the p	progress report.	
Research Scholar:	Co- Research Supervisor:	Research Supervisor:
Name and Signature	Name and Signature With Seal	Name and Signature With Seal
Date:	Date:	Date:

Director Directorate of Research and Innovation With Seal Date:



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\*A separate sheet providing more details shall be enclosed along with this report

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