



HIGHER EDUCATION COMMISSION

H-8/4, Islamabad (Pakistan), Phone: (051) 9080263, Fax: (051) 9250483

INDIGENOUS 5000 FELLOWSHIP PROGRAM SIX MONTHLY PROGRESS REPORT

PIN NO. _____

Academic Progress Report From: _____ To: _____

1. Personal Information of Scholar:

Name				
Department/Centre				
University				
Email				
Admission/Registration in Program	(Please Tick any one)	MS	M.Phil	PhD

2. Academic Progress (Only for MS/M.Phil Scholars)

a	MS/M.Phil (Please Tick any one):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Course Work	Research Work		
b	Date of Admission/Registration:	Day: _____ Month _____ Year _____			
c	Date/ Expected date of Completion of Course/Research work:	Day: _____ Month _____ Year _____			
d	Date/ Expected date of Completion of MS/M.Phil Study Program	Day: _____ Month _____ Year _____			
e	Semesters GPA/CGPA (Please attach Transcripts of reporting period)	Semester-1	Semester-2	Semester-3	Semester-4
					Research

3. Academic Progress (Only for PhD Scholars)

a	PhD (Please Tick any one):	<input type="checkbox"/>	<input type="checkbox"/>
		Course Work	Research Work
b	Date of Admission/Registration:	Day: _____ Month _____ Year _____	
c	Date/ Expected date of Completion of Course/Research work:	Day: _____ Month _____ Year _____	
d	Date/ Expected date of Completion of Program	Day: _____ Month _____ Year _____	
e	Semesters GPA/CGPA (Please attach Transcripts)	Semester-1	Semester-2
			Research
f	Research Topic (Please attach Synopsis):	_____	
g	Date of Approval from BASR	Day: _____ Month _____ Year _____	

4. Academic Achievements

S.No	Descriptions	During report period	Total
a	Number of Publications in HEC Recognized Journals (Please attach E-Copy of Papers)		
c	Presentations in Conferences/Seminars/Workshops Participated (Please attach Details)		
d	Any other Significant Achievement (Please attach Details)		

5. Overall Progress: Please Tick any one)

Poor	Satisfactory	Good	Very Good	Excellent
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6. Verified/Certified by:

a. Supervisor Name: _____

b. Designation: _____

c. Signature: _____

d. Remarks of Supervisor _____

e. Seal: _____

Countersigned: Signature of the Head of Department _____