



# 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"/>			
		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
------	--------------	------	-----------	-----------

#### 6. Verified/Certified by:

a. Supervisor Name: \_\_\_\_\_

b. Designation: \_\_\_\_\_

c. Signature: \_\_\_\_\_

d. Remarks of Supervisor \_\_\_\_\_

\_\_\_\_\_

e. Seal: \_\_\_\_\_

*Countersigned: Signature of the Head of Department* \_\_\_\_\_