

केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार

CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

Deemed to be University, MHRD, Govt. of India Kokrajhar, BTAD, Assam 783370

www.cit.ac.in

REPORT ON THE STATE OF THE ART SEMINAR

Part-A: To be filled by the Student (before the State of the Art Seminar) & duly forwarded by Supervisor(s)

1.	Name of the Student: :							
2.	Roll Number: :							
3.	Department: :							
4.	Name(s) of Supervisor(s):							
5.	Date of Successful Completion of Comprehensive Examination:							
6.	Number of Semesters already Completed in the PhD Programme:							
7.	Present Type/Category of the Student: Full Time Part Time Put a Tick mark ✓							
	Regular Sponsored Self-Financed Project-Staff External QIP/Other							
8.	Type of Financial Assistantship, if the student is receiving presently: Institute/ GATE Others (specify):							
9.	Date of the State of the Art :							
10.	Area / Topic of Research :							
11.	Literature Review/ Survey : Done / Not Done							
12.	Research Problem Formulated : Yes / No							
	If Yes, enclose a brief description of the formulated research problem. If No, state the reasons.							
	Date: Signature of the Student							
	Forwarded to the Doctoral Committee							
	Date: Signature(s) of Supervisor(s)							
	The Doctoral Committee is requested to write their assessment on the State of the Art Seminar on Page No 2							

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Part-I	B: To be filled by the Doctoral	Committee (Afte	r the State of the	Art Se	eminar)				
1.	Name of the Student	:							
2.	Roll Number	:							
3.	Date of the State of the Art S	Seminar :							
4.	Area / Topic of Research	:							
5.	Literature Review/ Survey	:	Satisfactory	/	Not Sati	sfactory			
6.	Research Problem Formulat	ted :	Yes	/	No				
Please write it on a separate sheet & attach)									
X .	8. Overall Performance of the Student in the State of the Art Seminar: Satisfactory / Not Satisfactory								
Note: If the overall performance is not satisfactory, then the student has to present SOAS again within a month. Name & Signature of Doctoral Committee Members:									
Signa ure	nt								
Name	e Member		Member						
Signa ure	nt								
Name	e Coordinating Supe	ervisor	Supervisor			Chairperson, DC			
	Member Secretary, DPPC					Chairperson, DPPC			
Rema	ark, if any:	Put up	for approval.			Approved			
Date: Dealing Staff of Academic Affairs Section Chairperson, IF									
		(.	Page 2 of 2)						