

**SANT GADGE BABA AMRAVATI UNIVERSITY,**  
**Ph.D. Cell**

**YEARLY PROGRESS REPORT OF Ph.D. WORK**

( **Period:-** From :- ----- To ----- )

1. Name of Candidate :- -----
2. Name of Supervisor :- -----
3. Name of Co- Supervisor :- -----
4. Registration No. :- -----
5. File No. :- -----
6. Subject & Faculty :- -----
7. Retention Fee (attach receipt) :- -----  
(Receipt No. & Date )
8. Progress of research work :- -----  
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Date :- -----

Supervisor / Co-Supervisor  
Signature & Stamp

To,  
Assistant Registrar  
Ph.D. Cell