Form No: PH20

**INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES) DHANBAD**

**DOCTORAL SCRUTINY COMMITTEE RECOMMENDATION ON SPECIFIC PURPOSE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name of Scholar |  | | | | | | | | | | | |
| 2. | Admission No. |  | | | Date of Ph.D Admission (DD/MM/YYYY) | | | | | |  | | |
| 3. | Registration Status of the Scholar (Put √ Mark) | | Full-Time | |  | | Part-Time | |  | | External | |  |
| 4. | Department |  | | | | | Branch (if any) | | | |  | | |
| 5. | Qualifying Degree during Ph.D Admission | | | |  | | | | | | | | |
| Was PG degree in the relevant field?  (Put √ Mark) | | | Yes |  | No | |  | Not Applicable | | |  | |
| 6. | Assessment Period (If applicable) (DD/MM/YYYY) | | | From |  | | | | To |  | | | |
| 7. | Date of DSC Meeting (DD/MM/YYYY) | | |  | | | | | | | | | |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the Scholar

8. Specific purpose of DSC Meeting (Put √ on the related purpose):

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| 1. | Research Progress Evaluation through physical presentation: - (Tick any one)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Communication Skill | Excellent ( ) | Very Good ( ) | | Good ( ) | | Satisfactory ( ) | Unsatisfactory ( ) | | Research Progress | Excellent ( ) | Very Good ( ) | | Good ( ) | | Satisfactory ( ) | Unsatisfactory ( ) | | Responses of the Queries made by the DSC members | Excellent ( ) | Very Good ( ) | | Good ( ) | | Satisfactory ( ) | Unsatisfactory ( ) | | Overall Recommendation | Excellent ( ) | Very Good ( ) | | Good ( ) | | Satisfactory ( ) | Unsatisfactory ( ) | | X to be awarded (in case of overall unsatisfactory) | 1X ( ) | | 2X ( ) | | 3X ( ) | | 4X ( ) | | Accumulation of 4X grade or more throughout PhD tenure may result in discontinuation from the academic program | | | | | | | | Remarks (if any) |  | | | | | | | | | | |  |
| 2. | Extension after exceeding the prescribed maximum duration of 06 years |  | 3. | Reduction/Discontinuation/Resumption of Fellowship |  |
| 4. | Conversion from Project JRF to IIT (ISM) JRF or vice - versa |  | 5. | Full Time to Part Time/External Conversion |  |
| 6. | Discontinuation of Ph.D. Program |  | 7. | Exclusion of External Co-Supervisor |  |
| 8. | Any other purpose | | | |  |

9. Specific observations made by the DSC (if space is not sufficient, please attach separate sheet):

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10. **Recommendation of the DSC** (if space is not sufficient, please attach separate sheet):

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Signature of DSC Members present:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (Department)** | **Position** | **Signature** | **Name (Department)** | **Position** | **Signature** |
|  | Supervisor |  |  | Chairperson |  |
|  | Member (Dept.) |  |  | Member (Dept.) |  |
|  | Member (Sister Dept.) |  |  | Member (Sister Dept.) |  |
|  | Co-Supervisor, if any |  |  | External Co-Supervisor |  |

Forwarded by Convener, DPGC (Name & Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use only**

|  |  |  |
| --- | --- | --- |
| Checked Fee details | ☐ Yes | ☐ No |
| Verified Assessment Period | From: | To: |
| Verified Fellowship details, if applicable | ☐ Yes | ☐ No |
| Observations, if any |  | |

Dealing Assistant AR (Academic - (PG) / DR (Academic)

Recommended by

**Associate Dean (Academic – PG)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by

**Dean (Academic)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_