



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 <input type="checkbox"/> Mark)	Full-Time		Part-Time		External	
4.	Department				Branch (if any)		
5.	Total Course Credit earned						
	Total Thesis Credit earned						
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):

1 (a)	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 ()		
Remarks (if any)		Accumulation of 4X grade or more throughout PhD tenure may result in discontinuation from the academic program					
1 (b)	No. of Research Papers published in Q1/Q2 -			Q1		Q2	
	No. of Conferences / Workshops / Seminars attended			National		International	
	No. of Patent File / Published / Granted:		File	Published		Granted	
	Any other publication: -						
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. Details for Publication / Patent / Conference / Seminar / Workshop should be provided as per the information given in Sl. No. 1(b) (if space is not sufficient, please attach separate sheet):

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

Specific Observation	Recommendation

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): _____

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Checked Fee details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verified Assessment Period	From:	To:
Verified Fellowship details, if applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Observations, if any		

Dealing Assistant

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

Recommended / Not Recommended / Approved / Not Approved

Associate Dean (Academic – PG)

Date: _____

Approved / Not Approved

Dean (Academic)

Date: _____