

**Department of Cognitive Science
Doctoral Mentoring/Monitoring Committee Report**

Name of the Student:

Roll No:

Department/IDP:

Thesis Supervisor(s):

Members of the Committee:

- 1.
- 2.
- 3.
- 4.

Date of the Meeting:

Present Status of the Thesis:

Whether the work done in the last semester/since the last committee meeting is satisfactory or not:

Bottlenecks and Difficulties which need attention:

Suggestions, if any, to speed up the progress:

Recommendations:

Signature of the Committee Members: _____

Convenor, DPGC

This report must be reviewed by the DPGC convenor of the department before sending it to PG office.
If necessary, please initiate action on the report.