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 convener of the department before sending it to PG office. If necessary, please initiate action on the report.