

Tribal Research & Training Institute Pune

(An Autonomous Institute Of Government Of Maharashtra)

HALF YEARLY PROGRESS REPORT

_Jan20_To_Jun 20_

_Jul20_To_Dec20_

1. Name of the Fellow:

2. Name of the Fellowship: Tribal Research And Training Institute Fellowship
(STRF-20__ - 20__)

3. Year of the Fellowship:

4. Date of award letter : __/__/____

5. Ph.D (Arts/Science/Other):

6. Topic/Title of Research:

7. Date of Registration : __/__/____

8. Name of the Guide/Supervisor:
 - i. Email ID of Guide/Supervisor:

 - ii. Mobile No:

9. Period of Progress Report from __/__/____ To __/__/____

(Signature of Guide)
Date __/__/____

(Signature of Head of Department)
Date __/__/____

10. Number of days the Fellow remained present at the University/Institution/College.
(Please Attach Xerox copy of Attendance sheet of every Months. Signed by Guide & HoD/Principal)

11. Number of days the fellow remained out of station for field work/Travel with date send place visited:

Sr. No	Type of Field work Done	Details	Remarks of Guide
1.	1. Place visited 2. Respondents contacted		

3. Conferences/Seminars attended on relevant subject:

Sr. No	Title of Paper	Venue	Status (International, National, State)

4. Chapters Completed:

Sr. No	Chapter Title	Complete do Under Completion	Status	Remarks of Guide
			1. Rough Draft 2. Approved 3. Final Typing	

(Signature of Guide)

Date ____/____/____

(Signature of Head of Department)

Date ____/____/____

5. Title of the article/paper published during the period under report:

Sr. No	Paper/Article's Title	Whether Published/or Not	Name of journal/ Magazine & Vol. No.	Place

(Please enclosure print of each)

6. Comments of the supervisor/ Guide on the progress of the research work during the period under report.(A short report to field work done in 500 words, if needed a separate sheet can be attached) :

Also certified that fellowship not accept/hold emolument, stipend or otherwise or receive emoluments, salary, stipend, etc. from any other source during the tenure of the award.

If assure of check or audit objection, some irregularity is notice data later stage, action will be taken to refund, adjust or regularize the objected amount.

Please attached all required documents with report & scan as pdf and submit online& send hard copy to TRTI office.

Signature

Name

Date:

Name of the Candidate:

Signature

Name

Date:

Guide/Supervisor:

Signature

Name

Date:

Head of Department(Seal):

Signature

Name

Date:

Registrar/Director/Principal:
(Seal of University/Institution/college)