
**CHHATRAPATI SHAHU MAHARAJ RESEARCH, TRAINING AND HUMAN
DEVELOPMENT INSTITUTE (SARTHI), PUNE**
(An Autonomous Institute Of Government Of Maharashtra)
(Email- csmnrf2019phd@gmail.com / csmnrf2019mphil@gmail.com)

HALF YEARLY PROGRESS REPORT

**Jan 20 To Jun 20
Jul 20 To Dec 20**

1. Name of the Fellow:

2. Name of the Fellowship: Chhatrapati Shahu Maharaj National Research Fellowship-
(CSMNRF-2019)

3. Year of the Fellowship:

4. Date of Award letter: ____ / ____ / ____

5. M.Phil / Ph.D./ Integrated :

6. Subject:

7. Topic / Title of Research:

8. Date of Registration: ____ / ____ / ____

9. Name of the Guide/Supervisor:
 - i. Email ID of Guide/Supervisor:
 - ii. Mobile No.

10. Period of Progress Report from ____ / ____ / ____ to ____ / ____ / ____

(Signature of Guide)

Date ____ / ____ / ____

(Signature of Head of Department)

Date ____ / ____ / ____

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

12. Number of days the Fellow remained out of station for field work /
travel with dates and place visited:

Sr. no.	Type of Field work Done	Details	Remarks of Guide
	1. Places 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	Completed or 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 underreport:

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

(Please enclose reprint of each)

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

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

If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature

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)**