

RIB Annexures

ANNEXURE I

PUNJAB AGRICULTURAL UNIVERSITY

Programme of work for Postgraduate students
to be submitted by HOD in quintuplicate

To

The Dean
Postgraduate Studies
Punjab Agricultural University, Ludhiana

The Advisory Committee of Mr/Ms **NAME OF STUDENT, CAPITAL, BOLD**

son/daughter of Sh. _____ **IN CAPITAL, BOLD** _____ & Smt. _____ **IN CAPITAL, BOLD** Admission No. _____
_____ admitted in the Department of _____ **IN CAPITAL, BOLD**
in _____ **IN CAPITAL, BOLD** _____ programme during the Academic Year _____ Semester
1/II, after consulting him/her in a meeting, makes the following statements and recommendations:

His/Her major field is: _____ **IN CAPITAL, BOLD** As approved by AC PAU in the light of BSMA

His/Her field of specialization is: _____ **IN CAPITAL, BOLD** As approved by AC PAU in the light of BSMA

His/her minor field is: _____ **IN CAPITAL, BOLD** As approved by AC PAU in the light of BSMA

His/her academic qualifications prior to joining this programme are:

Degree or Diploma	Year of passing	Division	Aggregate % age of marks or grade	Institution	Major subject(s)
High School/ Senior Secondary School					
Bachelor degree Write Complete title of degree here					
Master degree Write Complete title of degree here					
Other (specify)					

Admission No. _____

Name of the Student _____ IN CAPITAL, BOLD

He/She has studied the following courses in major and minor fields in the Bachelor's programme

Title of the Course	Course No.	Credit Hours	Grade/OCPA obtained

* He/She has studied the following courses in Major, Minor, Compulsory Common and Supporting Courses in the Master's programme

Title of the Course	Course No.	Credit Hours	Grade/OCPA obtained

* This information is to be furnished for Ph.D. students only.

Admission No. _____

Name of the Student _____ IN CAPITAL, BOLD

He/She shall be required to complete the following courses:

Classification of Courses		Course No.	Title of Course	Credit Hours
(i) Major	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
			Total:	
(ii) Minor	1			
	2			
	3			
	4			
	5			
			Total:	
(iii) Supporting	1			
	2			
	3			
	4			
	5			
			Total:	
(iv) Common	1			
	2			
	3			
	4			
	5			
			Total:	
(v) Compulsory deficiency	1			
	2			
	3			
			Total:	
(vi) Deficiencies to be completed	1			
	2			
	3			
			Total:	
			Grand Total:	

Signature of the student: _____

IN CAPITAL, BOLD

Admission No. _____ Name of the Student _____

ADVISORY COMMITTEE

S No.	Name	Designation & Department	Signature
1			
2			
3			
4			
5	(Nominee of Dean PGS)		

Certified that:

1. The courses shown under major, minor, supporting, common, compulsory deficiency and deficiency fields are according to the approved courses by the PAU in the light of BSMA.
2. The titles and credit hours shown against each course are correct according to the courses approved by the PAU in the light of BSMA.
3. The major and minor fields conform to those approved and mentioned under the new curriculum approved by the PAU in the light of BSMA.
4. The advisory committee is in accordance with the provisions of R.I.B.

(Major Advisor)

(Head of the Department)

Forwarded in quintuplicate to the Dean, Postgraduate Studies, Punjab Agricultural University, Ludhiana.

Head

Department of _____
(Seal)

For use in the office of Dean, Postgraduate Studies

Approved/Not approved

Dean
Postgraduate Studies

CC:
Registrar, PAU
Head, Department of _____
(Three copies)

Performa for Programme of Work can be downloaded from website www.pau.edu under Postgraduate Studies

ANNEXURE II
PUNJAB AGRICULTURAL UNIVERSITY

Proforma for addition/deletion of courses from the programme of work

To

The Dean Postgraduate
Studies
Punjab Agricultural University, Ludhiana

Subject: **Addition/Deletion of courses from the programme of work.**

The Advisory Committee of Mr/Ms _____

Admn No. _____, Master's/Ph.D. student in its meeting held in
the Department of _____ on _____
has recommended the following changes in the programme of work.

Courses to be added

Course No.	Course title	Credit hrs	Whether the course is major/supporting/minor	Reasons for change
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Courses to be deleted

1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

OCPA at the end of previous Semester _____

It is certified that the student has not obtained 'F' grade in the courses which are being deleted.

ADVISORY COMMITTEE

Signature

Name in block letters

1. _____	_____
2. _____	(Major Advisor)
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Recommended and forwarded in duplicate to the Dean, Postgraduate Studies, PAU, Ludhiana.

Memo. No. _____

Dated _____

Head of the Department

ANNEXURE III
PUNJAB AGRICULTURAL UNIVERSITY
Proforma for submission of synopsis

Synopsis of Thesis/Dissertation Problem of Postgraduate Students : Master's degree/Ph.D.

Name of the student (Capital letters)_____Admission No. _____

Major Subject_____Minor Subject_____Major Advisor _____

1. Title _____

2. Introduction (highlighting knowledge gaps and objectives)

3. Expected New Knowledge

4. Review of literature

5. Technical programme

The details of each experiment should be given as under:

Experiment No. 1

- i) Name of the experiment
- ii) Location: Field/Lab
- iii) Methodology
- iv) Observations
- v) Statistical analysis

Similar details of other experiment(s), if any, should be given.

6. Schedule work - flow diagram

7. Collaboration with other Departments (if any)

Name of the department

Consent of the :

i) Collaborating teacher_____ ii) Head of collaborating Department_____

References

Signature of the Student

ADVISORY COMMITTEE

	Name	Designation	Department	Signatures
Major Advisor	_____	_____	_____	_____
Member	_____	_____	_____	_____
Member	_____	_____	_____	_____
Member	_____	_____	_____	_____
Nominee of Dean PGS	_____	_____	_____	_____

Forwarded five copies to the Dean, Postgraduate Studies, for approval of Synopsis Approval Committee.

Head of the Department_____

Dean, Postgraduate Studies

ANNEXURE IV
DEPARTMENT OF _____
PUNJAB AGRICULTURAL UNIVERSITY,
LUDHIANA

Request for preliminary oral examination

This is to certify that Mr/Ms _____
Admn No. _____ of the Department of _____
has satisfactorily completed his/her written examination in the Major and Minor on _____
and _____ respectively. Kindly arrange the preliminary oral examination. I recommend the
list of following Six external examiners for the same:

- 1.
- 2.
- 3.
- 4.
- 5.

The advisory committee of the student consists of:

- 1.
- 2.
- 3.
- 4.
- 5.

Signature of Major Advisor

Name:

Official stamp

Recommended dates for the examination : From _____ to _____

Head of Department Official
stamp

Dean
Postgraduate Studies
PAU, Ludhiana

NOTE: This is to be sent in duplicate to the Dean, Postgraduate Studies, PAU, Ludhiana.

ANNEXURE V
PUNJAB AGRICULTURAL UNIVERSITY

Certificate of Preliminary Examination: Ph.D.

This is to certify that Mr/Ms _____

Admn No. _____ of the Department of _____

has been examined by us. The oral examination was held on _____

His/her performance in the examination has been found Satisfactory/Unsatisfactory.

Major Advisor
(Name)

External Examiner
(Name and address)

Advisor

Advisor

Advisor

Advisor

Forwarded (in duplicate) by the Head of the Department of _____
(Name of the Deptt.) to
the Dean, Postgraduate Studies, Punjab Agricultural University, Ludhiana.

Memo. No. _____

Dated _____

Head of the Department

Forwarded by the Dean, Postgraduate Studies, to the Registrar, Punjab Agricultural University, Ludhiana for
necessary action.

Memo. No. _____

Dated _____

Dean, Postgraduate Studies

ANNEXURE VI
PUNJAB AGRICULTURAL UNIVERSITY
Proforma for submission of the draft of the thesis/dissertation/project report

This is to certify that the draft of the thesis/dissertation/project report entitled*, “ _____

_____ was submitted by Mr/Ms _____ Admn No. _____ a Master’s degree/Ph.D. student in the Department of _____

_____ for the comments and corrections. We will return this within ten days from the date of receipt.

ADVISORY COMMITTEE

Name	Signature with date	Department
1. _____ (Major Advisor)	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

It is certified that the above mentioned student has completed all the course/research requirements for the award of Master/Ph.D. degree.

Major Advisor

Recommended and forwarded to the Dean, Postgraduate Studies for taking further necessary action.

Head of the Department

Memo No. _____

Dated _____

* The title should be type written.

ANNEXURE VII
PUNJAB AGRICULTURAL UNIVERSITY

Request for final oral examination of Master's/Ph.D. students

This is to certify that Mr/Ms _____

Admission No. _____ has completed all the courses/research requirements for the award of Master's/Ph.D. degree. A *list of Ten external examiners in respect of the student is recommended as under*:

- 1.
- 2.
- 3.
- 4.
- 5.

** The title of the thesis/project report /dissertation is as under:

(Signature of Major Advisor)

Name

Office stamp

Head of the Department Office

stamp

Recommended and forwarded by the Head of the Department to the Dean Postgraduate Studies, PAU, Ludhiana for further necessary action.

Note: Head of the Department may further add maximum up to two examiners if he/she so desires.

* Five examiners be listed for Master's degree and six examiners be listed for Doctorate degree

* *The Title of thesis/project report/dissertation & list of external examiners should be type written.

ANNEXURE VIII

PUNJAB AGRICULTURAL UNIVERSITY

Proforma for submission of Final Thesis/Dissertation/Project Report to Dean PGS

Name of the student _____

Programme : Master's degree/Ph.D.

Father's name _____

Admission No. _____

Major field _____

We, the members of the student's Advisory Committee, certify that we have read the thesis/dissertation/ project report and that suggestions made for improvement have been incorporated.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Signature of the Major Advisor_Dated _____ Signature of the Head of Department _____ Dated _____

Forwarding thesis/dissertation/project report _____ Dated _____

Thesis/Dissertation/Project Report fee paid vide Receipt No. _____ Amount _____ dated _____

- Nothing is due :
1. University Librarian
 2. P.U. Extension Library
 3. Concerned Dean (Book Bank)
 4. Hostel Warden duly countersigned by the DSW
(to be submitted at the time of viva-voce examination)

Signature of Accounts Officer with
rubber stamp

Memo No. _____

Dated _____

Head of the Department
with rubber stamp

The Dean, PGS
PAU, Ludhiana

This proforma in duplicate should be submitted alongwith a copy of thesis for Master's degree & a copy of dissertation for Ph.D degree to the Head of the Department who will forward to Dean, Postgraduate Studies for approval before the last date for submission of thesis/dissertation/project report.

Date of receipt in the office of the Dean, PGS _____

Dean
Postgraduate Studies

ANNEXURE IX
PUNJAB AGRICULTURAL UNIVERSITY

Certificate of Thesis/Dissertation/Project Report and Oral Examination for Master's/Ph.D. Programme

This is to certify that the thesis/dissertation/project report entitled, _____ submitted by _____ (Admn. No. _____) son/daughter of Shri _____ and Smt. _____ to the Punjab Agricultural University in the partial fulfillment of the requirements of M.Sc./M.Tech./Ph.D. in the subject of _____ has been examined by us. His/her minor field is _____.

The candidate was examined orally by the committee on _____.

1. The Thesis/dissertation/project report has been found satisfactory (Yes/No) _____
2. Performance of the candidate in oral examination (Yes/No) _____
has been found satisfactory
3. We recommend that the candidate should resubmit (Yes/No) _____
the thesis/dissertation/project report
4. We recommend that the candidate should reappear (Yes/No) _____
for oral examination
5. We recommend award of degree to the candidate (Yes/No) _____

Advisory Committee

1. _____
(Major Advisor)

External Examiner
(Name, designation and address)

2. _____
(Advisor)

3. _____
(Advisor)

4. _____
(Advisor)

5. _____
(Advisor)

(Nominee of Dean, PGS)

Certified that all the necessary changes/corrections as suggested by the external examiner(s) and advisory committee have been incorporated in the thesis/dissertation/project report.

Verified

Major Advisor

Signature of the Head of the Department

Forwarded, (in duplicate) by Head of Department of _____ of the College
of _____ to the Dean, Postgraduate Studies.

No.

Dated:

Signature of Head of the Dept.
With seal

Forwarded by the Dean, Postgraduate Studies to the Registrar, for necessary action.

No.

Dated

Registrar, PAU

Signature of the Dean,
Postgraduate Studies

ANNEXURE X
PUNJAB AGRICULTURAL UNIVERSITY

CERTIFICATE – I

This is to certify that the thesis/dissertation/project report entitled, “_____” submitted for the degree of M.Sc./M.Tech./Ph.D., in the subject of _____(Minor subject:_____) of the Punjab Agricultural University, Ludhiana, is a bonafide research work carried out by_____ under my supervision and that no part of this thesis/dissertation/project report has been submitted for any other degree.

This assistance and help received during the course of investigation have been **fully** acknowledged.

(Major Advisor)

ANNEXURE XI

CERTIFICATE – II

This is to certify that the thesis/dissertation/project report entitled, “ _____
_____”submitted by _____(Admission No. _____)
to the Punjab Agricultural University, Ludhiana, in partial fulfillment of the requirements for
the degree of M.Sc./M.Tech./Ph.D. in the subject of _____(Minor
subject: _____) has been approved by the Student’s Advisory
Committee alongwith the External Examiner after an oral examination on the same.

(Major Advisor)

(External Examiner)

(Head of Department)

Dean, Postgraduate Studies

**Report of the Nominee of the Dean, Postgraduate Studies
For Preliminary / Final Oral Examination**

1	Name of the Student / Admission No.	
2	Name of the Department / School	
3	Place of Oral Examination Date & Time of Preliminary / Final Oral Exam.	
4	Name & Address of External Examiner	
5	Name of the Major Advisor Name(s) of the members of the Advisory Committee	
6	The Name(s) of the members of the Advisory Committee who could not attend the examination giving reasons.	
7	Did the Head of the Department attend the Oral Examination	
8	General Remarks: a) Conduct of the Oral Exam. b) Performance of the student	

(Signature)
Name & Designation of the Nominee of Dean
PGS