



**GUJARAT TECHNOLOGICAL UNIVERSITY**

(Established Under Gujarat Act No.: 20 of 2007)

**ગુજરાત ટેકનોલોજીકલ યુનિવર્સિટી**

(ગુજરાત અધિનિયમ ક્રમાંક : ૨૦/૨૦૦૭ દ્વારા સ્થાપિત)

**PhD Programme**

Date :     /     /201

**Doctoral Progress Review Card**

Title of the Thesis :

Name of the Student :

Registration No. :

Enrollment No. :

Subject Code/Name :

Branch Code / Name :

College Code / Name :

Name of Supervisor :

Supervisor Institute Name & Code :

Supervisor Contact No. (M):

Supervisor Email :

*Winners of : ICT Enabled University Award E-India - 2009 ♦ Manthan Award - 2009 ♦ GESIA Award - 2011*

*♦ Digital Learning WES - 2011 Award ♦ AIMS International Innovative University Award - 2013*

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Exam Date :     /     /201     .

## Comments for Third Review by Doctoral Progress Committee

SEMESTER 4 :

| Comments given by DPC<br>(Please write specific comments in bullets)  | Modifications done based on<br>comments |        |             |             |                     |                     |               |               |   |
|---|---|--------|-------------|-------------|---------------------|---------------------|---------------|---------------|---|
| <div data-bbox="438 694 1109 1489"></div> <p>(Please strike out whichever is applicable)</p> <p><input type="checkbox"/> Acceptable.</p> <p><input type="checkbox"/> Not Acceptable - Recommended for re-examination after modifications.</p> <p><b>DPC External Experts :</b></p> <table><tbody><tr><td>Name :</td><td>Name :</td></tr><tr><td>Signature :</td><td>Signature :</td></tr><tr><td>Inst. Name &amp; Code :</td><td>Inst. Name &amp; Code :</td></tr><tr><td>Contact No. :</td><td>Contact No. :</td></tr></tbody></table> | Name :                                  | Name : | Signature : | Signature : | Inst. Name & Code : | Inst. Name & Code : | Contact No. : | Contact No. : | <p><b>Supervisor</b></p> <p>Name :</p> <p>Signature :</p> |
| Name :  | Name :                                  |        |             |             |                     |                     |               |               |   |
| Signature :   | Signature :                             |        |             |             |                     |                     |               |               |   |
| Inst. Name & Code :   | Inst. Name & Code :                     |        |             |             |                     |                     |               |               |   |
| Contact No. :   | Contact No. :                           |        |             |             |                     |                     |               |               |   |

Comments should have been complied and endorsed by Supervisor at the time of next review.