# The ICFAI University, Dehradun



## **Research and Development Cell**

### **Quarterly Progress Report**

### Jan/Apr/Jul/Oct, 20....

ICFAISchool
From To

#### Please mention precisely, the progress of your research work:

S. No.	Topics as per your research work	Progress of your research work (in your own words)
1	Course Work (Completed/Pursuing)	
2	Literature Review Status (Basic/In-depth/Research Gap Identified) (Submit all literature in tabular format/use extra sheets if required)	
3	Identification of the research problem	
4	Identification of Objectives (write objectives)	
5	Proposed Hypothesis (whether frozen)	
6	Proposed research questions (whether frozen)	
7	Scope and limitation of the study	

	Research Topic Approved (If yes, write the approved title and date of approval of the topics)			
8	Methodology adopted so far (name)			
9	Questionnaire Design (submit a copy)	a. Status (% completed)		
		b. Expected date of completion		
10	Field survey	a. No. of samples collected:		
		b. Target no.		
		c. Expected date of completion		
11	Analysis	a. Type of analysis done		
		b. Statistical tool used		
		c. Status (% completed)		
		d. Expected date of completion		
12	Publications, if any (attach proof)	a. Title of the paper		
		b. Name of the Journal		
		c. Indexing:		
		d. Date of Publication		
13	Participation/Presentation in Seminar/Conferences (attach proof)			
14	Thesis submission Status			
	i. Initial draft	a. Status (% completed)		

ii. Final D	raft	a. Status (	(% comple	eted)				
		b. Expecte	ed date of s	submission of thesis				
Date:				Signature of Research Scholar				
Remarks of the Resea	arch Guide							
1								
2								
3 Interaction wit	h related persons	s/guide/super	visor					
4 Overall Satisfa	Overall Satisfaction with the Quality of Work:							
Below Expecta	tions Med	ets Expectation	ons	<b>Exceeds Expectations</b>				
5 Overall Pace o	f Work:							
Too Slow	Slow Ri	ght Pace	Hurried	Too Hurried				
Date:	J	of Co-Super	visor	Signature of Supervisor				
FOR OFFICE USE C Date of Receipt from		dent						
Report Submitted Wi								
Date of Next Report								

Date:

Signature of Research Coordinator