

PROFORMA FOR SUBMISSION OF PROGRAMME OF WORK OF POST-GRADUATE STUDENTS

GURU ANGAD DEV VETERINARY AND ANIMAL SCIENCES UNIVERSITY

PROGRAMME OF WORK FOR POST-GRADUATE STUDENTS
to be submitted by HOD in quintuplicate

To

The Dean
Postgraduate Studies
Guru Angad Dev Veterinary and Animal Sciences University
Ludhiana

The Advisory Committee of Shri/Mr./Mrs. _____
son/daughter of Shri _____ & Smt. _____
Admission No. _____ admitted in the Department of _____ in
_____ programme during the Academic Year _____ Semester I/II, after consulting
him/her in a meeting, submit the following statement and recommendations:

His/Her major field is: _____

His/Her field of specialization is: _____

His/Her minor field is: _____

His/Her academic qualifications prior to joining this programme

<i>Degree or Diploma</i>	<i>Year of passing</i>	<i>Division</i>	<i>Aggregate %age of marks or OGPA/ OCPA</i>	<i>Institution</i>	<i>Major subject</i>
High school/ Higher Secondary					
B.V.Sc./ B.V.Sc. & A.H./ B.F.Sc./ B.Sc.					
M.V.Sc./ M.F.Sc./ M.Sc./M.Tech.					
Other (Please specify)					

Admission No. _____

Relevant courses studied at the undergraduate level in major and minor fields:

Title of the Course	Course No.	Credit Hours	Grade/CPA

Course studied in major, supporting and minor fields or as deficiencies in Master's programme:

Title of the Course	Course No.	Credit Hours	Grade/CPA

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

Admission No. _____

Courses to be completed by the student:

<i>Classification of Courses</i>	<i>S.No.</i>	<i>Course No.</i>	<i>Title of the Course</i>	<i>Credit Hours</i>
(i) Deficiencies to be Completed	1			
	2			
	3			
	4			
	5			
				Total:
(ii) Major	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
			Total:	
(iii) Supporting	1			
	2			
	3			
	4			
	5			
				Total:
(iv) Minor	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
				Total: Grand Total:

Signature of the Student

Admission No. _____

ADVISORY COMMITTEE

Name	Designation & Department	Signature
1. _____ (Major Advisor)	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____ (Nominee of Dean PGS)	_____	_____

Certified that: 1. The courses shown under deficiency, major, supporting and minor field are according to the R.I.B.
2. The titles and credit hours shown against each course are correct according to the R.I.B.
3. The major and minor fields conform to those approved and mentioned in the R.I.B.
4. The Advisory committee is in accordance with the provision of R.I.B.

(Major Advisor)

(Head of the Department)

Forwarded in quintuplicate, to the Dean, Postgraduate Studies, Guru Angad Dev Veterinary and Animal Sciences University, Ludhiana.

Memo. No. _____

Dated: _____

Head
Department of _____

(Stamp)

For use in the office of Dean, Postgraduate Studies

Approved

Dean
Postgraduate Studies

1. Registrar, GADVASU
2. Head, Department of _____
(Three copies)