



HIGHER EDUCATION COMMISSION

MS/MPHIL LEADING TO PHD SCHOLARSHIP PROGRAMME, FOR THE STUDENTS OF
BALOCHISTAN

PHONE: (051) 90408062, E-MAIL: ahbp@hec.gov.pk

ACADEMIC PROGRESS REPORT

REPORTING PERIOD: FROM: _____ TO: _____

1. PERSONAL INFORMATION OF SCHOLAR:

NAME				
DEPARTMENT/CENTRE				
UNIVERSITY				
* STUDENT EMAIL & MOBILE NO.				
* SUPERVISOR EMAIL				
ADMISSION/REGISTRATION IN PROGRAM	(PLEASE TICK ANY ONE)	MS	M.PHIL	PHD

Programme Start Date: _____ Joining Date: _____

2. Academic Progress

a	MS/M.Phil (Please Tick any one):	Course Work		Research Work		
b	Date of Admission/Registration:	Day: _____ Month _____ Year _____				
c	Date/ Expected date of Completion of Course/Research work:	Day: _____ Month _____ Year _____				
d	Date/ Expected date of Completion of MS/M.Phil Study Programme	Day: _____ Month _____ Year _____				
e	Semesters GPA/CGPA(Please attach Transcripts of reporting period)	Semester-1	Semester-2	Semester-3	Semester-4	Research

3. Academic Progress (Only for PhD Scholars)

a	PhD (Please Tick any one):	Course Work		Research Work		
b	Date of Admission/Registration:	Day: _____ Month _____ Year _____				
c	Date/ Expected date of Completion of Course/Research work:	Day: _____ Month _____ Year _____				
d	Date/ Expected date of Completion of Program	Day: _____ Month _____ Year _____				
e	Semesters GPA/CGPA (Please attach Transcripts)	Semester-1	Semester-2	Semester-3	Semester-4	Research
f	Research Topic (Please attach Synopsis):	_____				

4. Academic Achievements

S. No	Descriptions	During Reporting Period	Total
a	Number of Publications in HEC Recognized Journals (Please attach E-Copy of Papers)		
b	Presentations in Conferences/Seminars/Workshops Participated (Please attach Details)		
c	Any other Significant Achievement (Please attach Details)		

To be filled by the Supervisor.

5. Overall Progress: (Please Tick any one)

Poor	Satisfactory	Good	Very Good	Excellent
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6. Employment Status

Unemployed	Employed On study leave	Doing Job
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7. Employer _____

8. Designation _____

Detail Remarks of Supervisor:

Recommendation for Extension:

Supervisor/Head of Department	
Name: _____	Designation: _____
Signature & Date _____	Official Seal/Stamp : _____
Email address: _____	

Funds Utilization Status: (To be filled by the Scholar)

No. of Installment	Amount	Payment Period		Date of Receipt	Payment Type
		From	To		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Signature & Date: _____