POSTGRADUATE MEDICAL CENTER NAWABSHAH

SUPERVISOR'S FEEDBACK FORM REGARDING PERFORMANCE REPORT OF RESIDENT / TRAINEE OF BASIC SCIENCES



Peoples University of Medical & Health Sciences, Nawabshah, (S.B.A) Sindh



PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN SHAHEED BENAZIRAB

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BAS	BASR/ FILE NO. Dated:				
	PROGRESS REPORT REGARDING RESEARCH WORK				
1.	Name of the candidate				
2.	Date of 1st Admission to M.Phil./Ph.D.				
3.	Original topic of Research				
4.	Name of Department/ Institute				
5.	Name of Research Supervisor				
6.					
7.	Date of Change of topic/ Supervisor (if any)				
8.	Date of Submission of 1st Progress Report				
9.	Number of Research Progress Reports				
10.	Whether the Present Progress Report is Satisfactory				
11.	Any other remarks by the Research Supervisor				
	CHAIRMAN OF DEPTT: RESEARCH SUPERVISOR				
	COUNTERSIGNED				

DEAN FACULITY OF BASIC MEDICAL SCIENCE



OFFICE OF THE CHAIRMAN / SUPERVISOR, DEPARTMENT OF ______ PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES, NAWABSHAH, (S.B.A) SINDH.

PROGRESS REPORT REGARDING COURSE WORK

Sr. No.	DATE & TIME	TOPIC	REMARKS
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RESEARCH SUPERVISOR

COUNTERSIGNED

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