

**ACHARYA N.G.RANGA AGRICULTURAL UNIVERSITY**

## PROPOSAL FOR CONSTITUTION OF THE ADVISORY COMMITTEE

(To be submitted in TRIPLICATE to the Dean of P.G. Studies)

To be submitted within 6 weeks from the Commencement of the Semester

Name of the Student:

I.D.No. :

Degree :

Department :

College :

Date of Admission :

Academic Year &  
Semester of admission :

Date of Birth :

State whether Fresh / In-service / Nominee of Govt./ ICAR/Foreign student

**Advisory Committee** (M.Sc. – 2 from major field and 1 from minor field, Ph. D. – 2 from major field and 1 from minor field and 1 from supporting field. If extra members are needed request with proper justification should be sent to the Dean of PG Studies)

Name	Designation	Department / Major Field	Signature
Chairperson:			
Member :			
Member :			
Member :			

Certified that

- 1) The Chairperson is eligible / accredited to guide M.Sc./Ph.D. students
- 2) The total number of students being guided by the Chairperson is ..... M.Sc. students and ..... Ph.D. students (Maximum 4 students)

**Note:** If there is any deviation from regulations, furnish reasons and justificationAcademic Advisor (PG)  
(Name & Designation )Head of the Department  
(Name & Designation)

To  
The Dean of Post Graduate Studies  
A.N.G.R.A.U., Lam, Guntur.

*(For use in P.G. Section, Administrative Office)*

**Endt. No.**

**Date:**

Approved / Returned with following remarks

**DEAN OF PG STUDIES**

To  
The Head,  
Department of .....  
College .....  
Cc : to the Associate Dean .....

**ACHARYA N.G. RANGA AGRICULTURAL UNIVERSITY**  
**PROPOSAL FOR CHANGE OF THE ADVOSORY COMMITTEE**  
 (To be submitted in TRIPLICATE to the Dean of PG Studies)

1. Name :
2. I.D.No. :
3. Full time / In-service :
4. Degree : Department :
5. College :
6. Advisory Committee (Proposal for change of Chairman / Member) :

<b>Existing Chairperson/ Member</b>	<b>Proposed Chairperson/ Member</b>	<b>Reasons for change</b>
<hr/>		
7. Whether the synopsis was approved	:	Yes / No
8. If the change is proposed due to transfer of Chairperson within ANGRAU indicate whether he/she is willing to guide the student from the new location	:	Yes / No
9. Willingness of the Proposed Chairperson / Member	:	Yes / No
10. Progress of research (eg. Literature collection, study conducted, data collection, analysis, thesis writing etc.)	:	

**SIGNATURE OF THE EXISTING  
CHAIRPERSON / MEMBER**

**SIGNATURE OF THE PROPOSED  
CHAIRPERSON/MEMBER**

Recommendation :

**HEAD OF THE DEPARTMENT**

**ASSOCIATE DEAN**

To  
 The Dean of PG Studies  
 Acharya N.G.Ranga Agricultural University

\_\_\_\_\_

\_\_\_\_\_

Endt. No. \_\_\_\_\_ /PG/ \_\_\_\_\_ Dated \_\_\_\_\_

APPROVED

**DEAN OF P.G.STUDIES**

**ACHARYA N.G. RANGA AGRICULTURAL UNIVERSITY**

**PROPOSED PROGRAMME OF STUDIES FOR POST GRADUATE STUDENTS**

To be submitted to the Dean of PG Studies by the end of the first semester

Name ..... I.D.No.....

Degree..... Department.....

College.....

State whether Fresh / Inservice of Govt. / ICAR nominee/ Foreign student.....

**Courses proposed to be completed by the student to meet graduation requirements:**

<i>Course No.</i>	<i>Title of the Course</i>	<i>Credits (Th+Pr)</i>
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**Core Courses M.Sc. / Ph.D**

**Non core Courses in Major Subject for M.Sc. / Ph.D.**

**Courses in Minor Subject**

**Courses in Supporting Subject**

**Compulsory Non-Credit Courses**

**Research**

**No. of credits**

<b>Course</b>	<b>Seminar</b>	<b>Research</b>	<b>Total</b>

**Note:** Courses registered without the approval of Dean PG Studies will not be counted for computation of grade. Temporary change may be permitted upto 2 weeks of the commencement of the semester or withdrawal of a registered course may be permitted upto six weeks from the date of commencement of that semester by the Associate Dean (PG from 2A).

**Time limit for permanent changes in PG form 2 (to be got approved by Dean PG Studies):** Addition of courses is allowed upto the end of II semester. Deletion / Substitution of courses is allowed upto 15 days in III semester.

**Maximum time limit for completion of PG programme including thesis submission :**  
M.Sc: 4 years and Ph.D 6 years (from date of admission)

**SIGNATURE OF THE STUDENT**

**ADVISORY COMMITTEE** (should conform to that in PG from 1 / 1-A)

<b>Advisory Committee</b>	<b>Name</b>	<b>Designation</b>	<b>Major Field / Department</b>	<b>Signature with date</b>
Chairperson				
Member				
Member				
Member				

Forwarded (5 copies) to the Dean of PG Studies, for approval.

**Head of the Department**

**Academic Advisor (PG)**

**Associate Dean**

*(For use in the Office of Dean of PG Studies)*

Endt. No.  
**Approved**

Date:

**DEAN OF PG STUDIES**

To:  
**The Associate Dean,** ..... (w.e.)  
*(For distribution among the Associate Dean, Head of the Department, Chairperson and Student)*

**ACHARYA N.G.RANGA AGRICULTURAL UNIVERSITY**  
**Proposal for Change in Programme of Course Work**

(To be sent in triplicate and got approved before registering the courses)

1. Name of the student I.D.No.
2. Degree Department:
3. Full time / inservice /Nominee of Govt./ICAR/Foreign student
4.
  - a) Year & semester of admission
  - b) Year & semester of change
  - c) Date of commencement of semester in which change is proposed
5. State whether the proposed change/withdrawal/addition/deletion of courses is temporary / permanent

Existing Course			Proposed Course		
Course No.	Title	Credit Hrs.	Course No.	Title	Credit Hrs.

Reasons for the change

Date

**SIGNATURE OF THE STUDENT**

**Advisory Committee**

	Name	Designation	Department	Signature
Chairperson				
Member				
Member				
Member				

**HEAD OF THE DEPARTMENT**

(For Office use only)

Endt. No.

Date: \_\_\_\_\_

The proposal was received within the prescribed time limit

The proposal does not involve any change in the courses in PG form 2 and hence approved. The student shall study all courses approved in PG form 2 during subsequent semesters. Copy is sent to Dean of P.G Studies for information.

**OR**

Permanent change in PG form 2 is contemplated. Hence forwarded (TRIPLICATE) to the Dean PG Studies for approval.

(Strike off which ever is not applicable)

**ASSOCIATE DEAN**

To  
The Dean of PG Studies  
A.N.G.R. Agricultural University,  
Lam, Guntur.

Use in the office of the Dean of P.G. Studies

Endt. No. \_\_\_\_\_  
Approval

Dean of P.G. Studies

To  
The Associate Dean

**Note:** PRESCRIBED TIME LIMIT

**Temporary change**

(without change in PG form 2)

**Permanent change**

(with change in PG form 2)

Change	- 2 weeks *
Addition of courses	- before end of II Semester
Withdrawal	- 6 weeks *
Deletion/substitution of courses	- upto 15 days in III Semester

\* from the commencement of semester

**ACHARYA N.G.RANGA AGRICULTURAL UNIVERSITY**  
**Original / Revised Synopsis of Thesis / Dissertation Problem**

**To be submitted in triplicate to Dean of PG Studeis by the end of Second Semester**  
(For revision of synopsis PG form 3A should also be furnished)

Name of the Student \_\_\_\_\_ I.D.No. \_\_\_\_\_

Degree \_\_\_\_\_ Department \_\_\_\_\_

College \_\_\_\_\_

Fresh / Inservice / Nominee of Govt. or ICAR etc \_\_\_\_\_

**Title of the Research Problem**

**Objectives of Investigation**

**Brief Resume of Work in India & abroad**

Note : Time gap between submission of synopsis & thesis is 1 semester for M.Sc. & 2 semesters for Ph.D. For any change in title / synopsis, furnish details in PG form 3A.

**Literature Cited :**

**Technical programme of work** (including details such as location of work, collaboration with other departments etc.)



## CERTIFICATE

Proposed research work is not a copy of other's research work

**Note:** Whenever research credits are registered, the progress of research should be furnished in PG form 11 for evaluating research credits. If progress is unsatisfactory, research credits should be re-registered proportionately. Completion of all research credits means entire work is completed.

Date: \_\_\_\_\_

**SIGNATURE OF THE STUDENT**

**Advisory Committee :** (Should conform to that in PG form 1 / 1-A)

	Name	Designation	Department	Signature
Chairperson				
Member				
Member				
Member				

**University Head of the Department**  
(or) ref. through which University Head  
approved the synopsis

**Head of the Department**

*Submitted to the Dean of Post Graduate Studies for approval*

**ASSOCIATE DEAN**

To  
The Dean of PG Studies  
Acharya N.G.Ranga Agril. University,  
Lam, Guntur

*(For use in University Office)*

Endt. No. \_\_\_\_\_

Date: \_\_\_\_\_

**Approved /** Returned for the following reasons

**DEAN OF PG STUDIES**

To  
The Associate Dean \_\_\_\_\_  
(for distribution among Associate Dean, Head of the Department, Chairperson and student)

**ACHAYRA N. G. RANGA AGRICULTURAL UNIVERSITY**  
**Proposal for change in Approved Synopsis / Title**

1. Name of the student  
I.D.No.
2. Degree  
Department
3. College
4. State whether the change is in respect  
of title of technical programme or both
5. For change in title, please furnish  
**Approved title**

**Proposed title**

6. Whether the proposed change involves any  
major alteration in the approved technical  
programme (If 'yes', revised synopsis in PG  
form 3 should be enclosed)
7. Reasons for change  
(attach separate sheet if needed)
8.
  - a) Date of initiation of research work
  - b) Date of change
  - c) Total research credits programmed
  - d) No. of research credits completed
  - e) Whether the work already done is useful  
even after change (If 'Yes' indicate the  
weightage in terms of research credits  
claimed for the work done)
  - f) No. of research credits proposed to be  
cancelled & re-registered

Semester during which registered	No. of Research Credits to be cancelled	Semester during which credits proposed to be re-registered	No. of research credits

9. Whether the GPA report in which the completed research credits indicated were approved by the University. (If 'Yes', furnish details and enclose all copies including the student's copy for cancellation of research credits)
10. State whether all the requirements for PG Programme including thesis submission could be completed within the time limit stipulated even after change in synopsis

**Date:**

**SIGNATURE OF THE STUDENT**

**ADVISORY COMMITTEE**

Name	Designation & Department	Signature
Chairperson		
Member		
Member		
Member		

**HEAD OF THE DEPARTMENT**

Endt. No. \_\_\_\_\_

Forwarded

Dated: \_\_\_\_\_

**Remarks** (if any)

**ASSOCIATE DEAN**

To  
The Dean of PG Studies  
Acharya N.G. Ranga Agricultural University,  
Lam, Guntur

(For Use in the O/o Dean of P.G.Studies)

Endt.No.                    /PG/A1/

Dated:

Approved / Returned with the following remarks

**DEAN OF P.G.STUDIES**

To  
The Head,  
Department of -

\_\_\_\_\_  
Lam, Guntur.

The Associate Dean,  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** Fresh GPA reports pertaining to the semester during which the research credits are re-registered should be sent after satisfactory completion of re-registered research credits.

**ACHARYA N.G.RANGA AGRICULTURAL UNIVERSITY**

Proposal for M.Sc./Ph.D Qualifying (Comprehensive Examination)

(To be completed before written exam. in triplicate)

1. Name of the Candidate
2. I.D.No.
3. Degree Department .....
4. Name of the College
5. Date of Joining
6. Period of discontinuance if any From ..... To .....  
Duration .....
7. Total credits programmed for the degree, percentage completed and OGPA obtained

Nature of Credits	Total Credits Programmed	Credits Completed so far	Percentage of Credits Completed	OGPA
a) Course Credits				
b) Research Credits				
<b>Total</b>				

8. Number of semesters studied
9. Whether completed 80% of prescribed course work & secured prescribed OGPA
10. Whether completed all the prescribed core courses (for M.Sc. level)
11. State whether change/ substitution in Advisory Committee (if any) is approved by Dean PGS
12. State whether he/she is eligible for qualifying examination

**CHAIRPERSON OF THE ADVISORY COMMITTEE****HEAD OF THE DEPARTMENT**

*Note: This form should be filled by the Chairman before written examination and sent along with P.G. 5 after the oral examination in a sealed cover to the Dean of PG Studies immediately after the Examination. If there is any change in the Advisory committee prior approval of Dean PGS is necessary.*

**RESULT OF THE QUALIFYING EXAMINATION (Written & Oral)**  
(to be sent to the Dean of PG studies after oral examination along with PG 4)

**I. Written Examination**

This is certify that .....

I.D.No..... student of.....

course in the Department of .....

at the College of .....

has (\*) ..... in the Written Qualifying Examination held on .....

**II. Oral Examination**

His /her performance was(\*\*).....

at the Oral (Qualifying) Examination held on .....

Deficiencies, (if any)

	<b>Name</b>	<b>Designation &amp; Department</b>	<b>Signature</b>
External Examiner			
Chairperson			
Member			
Member			
Head of the Dept. (Co-opted member)			

Forwarded to the Dean of Post-Graduate Studies

**CHAIRPERSON**

To  
The Dean of P G Studies  
ANGRAU

*(For use in P.G. Section , Admn. Office)*

Endt. No.

Date: \_\_\_\_\_

APPROVED

**DEAN OF P.G.STUDIES**

To  
The Head, Dept. of .....  
The Associate Dean, College of.....

**Note:** 1. The result which ever of the following is applicable should be written by hand using BLOCK LETTERS in the space provided.  
**(\*) PASSED / NOT PASSED (\*\*\*) SATISFACTORY / NOT SATISFACTORY**

**ACHARYA N.G.RANGA AGRICULTURAL UNIVERSITY**

**Proposal for Submission of Thesis for \_\_\_\_\_ Degree**

(To be submitted along with two pass port size photographs)

College:

**Department**

1. Name of the Student :  
(as indicated in the qualifying examination)
  - a) Father's Name
  - b) Mother's Name :
  - c) Permanent Address with PIN Code
2. I.D.No. :
3.
  - a) Whether full time / inservice student :
  - b) Date of joining duty (inservice) :
4.
  - a) Year & semester of admission :
  - b) Date of admission :
  - c) Date of thesis submission in the Dept. :
5.
  - a) State whether the thesis is being submitted within the stipulated time (4 years for M.Sc. / 6 years for Ph.D)
  - b) If no, indicate the ref. through which extension of time (only for Ph.D) was granted (enclose copy of leave sanction order)
  - c) Whether the fee is paid for Transcript of Academic Record-cum-Provisional Certificate in the final semester
  - d) Whether Convocation form is submitted
6. *Credits Prescribed & Completed*

	Core courses (M.Sc.) Minor Courses (Ph.D)	Seminar	Total Credits	Research Credits	Grand Total
Approved (PG form 2)					
Completed					



7. Semester wise academic record

Year & Semester	Credits Completed			OGPA	Remarks
	Course	Research	Total		

8. State Whether 'F' grade (if any) was cleared :

9. a) Period of discontinuance (if any) :

b) Reference through which permitted to rejoin :

10. a) Dates of passing qualifying examination : Written \_\_\_\_\_ Oral \_\_\_\_\_

b) Dates of clearing the deficiencies, if any :

11. Title of the approved thesis :

(If there is any change in title / synopsis indicate ref. through which change was permitted. Time gap between submission of synopsis & thesis is one semester for M.Sc. & two semesters for Ph.D).

12. State whether change in advisory committee / approved programme of course / research was approved by Dean PGS (if no change, indicate the same)

**Certificate**

Certified that the information in the thesis is not a duplication / copy of the research work of others.

I was not on the active rolls of employment in Government of any Private / Public Sector Organization during the period of fulfilling the minimum residential requirement.

**(or)**

I am employed in \_\_\_\_\_ I have availed leave / deputation When I was a full time student in the University.

**SIGNATURE OF THE STUDENT**

## Course Completion Certificate

Certified that the above student has completed ..... course credits.....  
..... seminar credits and ..... research credits.

Head of the Department

Signature & Name of the

Chairperson of the Advisory Committee

### For use in Associate Dean's Office

Endt. No. \_\_\_\_\_

Date: \_\_\_\_\_

Certified that the Bachelor's / Master's Degree Certificate of the candidate has been verified.

GPA reports of all the semesters have been checked with reference to the Registration Cards, PG form 1 and PG form 2 / 2A and sent to the University.

The thesis (.... Copies is / are FORWARDED along with photographs and leave sanction order ( for Ph.D students on extension).

To  
The Dean of PG Studies,  
ANGRAU, Lam, Guntur

**ACHARYA N.G.RANGA AGRICULTURAL UNIVERSITY***Report on P.G. Thesis and Final Viva-Voce Examination*

1. Name of the Student I.D.No.
2. (a) Degree of Examination  
(b) Department
3. College
4. Venue of Examination
5. Date of Viva-Voce
6. Title of Thesis

The Examination Committee hereby certify that they have examined the above mentioned thesis and after going through the report of the External Examiner(s) on its adjudication, have conducted the Final Oral Examination. In the judgement of the Examining Committee, the candidate's thesis has been accepted and he / she is \* \_\_\_\_\_ in the Final Oral Examination held on \_\_\_\_\_

Name	Designation & Department	Signature
1. External Examiner (for Ph.D.)		
2. Chairperson		
3. Member		
4. Member		
5. Member		
6. Head of the Dept. (Co-opted member)		

Certified that the typographical and other errors / omissions pointed out by the External Examiner(s) in his / their assessment of the thesis as also by the Examining Committee at the Final *Viva-Voce* have been corrected by the candidate and the thesis is approved by the Advisory Committee.

**CHAIRPERSON**

To  
The Dean of Post Graduate Studies, ANGRAU

Note: \* **Successful /Not Successful** whichever is applicable shall be hand written

**ACHARYA N.G. RANGA AGRICULTURAL UNIVERSITY**  
**Certificate Regarding Submission of Bound Copies of Thesis**

I have carried out all the corrections as pointed out by the Examination Committee in my thesis and I have submitted three bound copies, i.e. one copy to the Head of the Department and **two copies of thesis and two C.Ds** to the Library. Six copies of abstracts (2 for the Department, 1 for Associate Dean's office and 3 to the University) are also submitted.

Address for correspondence

Signature of the Student .....

Name of the Student .....

I.D. No. ....

**COUNTER SIGNED**Signature of the Chairperson  
Designation and Date & stamp.

Degree .....

Department .....

College .....

Received two bound copies of the thesis and two CDs submitted by the student.

**SIGNATURE OF THE LIBRARIAN**Endt. No.

Dated: \_\_\_\_\_

Submitted along with 3 copies of Abstracts to the Dean of P.G. Studies.

**HEAD OF THE DEPARTMENT / CHAIRPERSON**

**Encl:** Thesis Abstracts (3 copies)  
 Convocation form (if not submitted earlier)

To  
 The Dean of Post Graduate Studies  
 Acharya N.G.Ranga Agricultural University  
 Lam, Guntur

**Note:**

1. Only after receipt of this Certificate, the result of the student will be processed.
2. Students located at Advanced PG Center, Lam, Guntur should submit two bound copies of thesis with the Central Library, ANGRAU Campus, Lam, Guntur. Students located at Tirupati should submit the copies at Regional Library, Tirupati. Those from Agricultural College, Bapatla should submit the copies to the College Librarian, Bapatla.

**ACHARYA N.G. RANGA AGRICULTURAL UNIVERSITY**  
**FORM OF INFORMATION IN RESPECT OF Ph.D. STUDENTS BEFORE SUBMISSION OF THESIS**  
**(To be Submitted to the Dean of P.G. Studies two months before Submission of thesis)**

1. Name of the student :
2. Name of the Department :
3. Department of Specialization :
4. Name of the student with I.D. No. :
5. Whether admitted as inservice / fresh candidate :
6. Date of commencement of first semester :
7. Total credits prescribed for Ph.D. Degree : a) Course Credits: \_\_\_\_\_  
 b) Research Credits: \_\_\_\_\_
8. Credits Registered (semester –wise)

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Semester	Fulltime	Date of commencement of the semester	Course Credits	Research Credits	OGPA
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9. Date of rejoining duty in case of inservice :  
 candidate-periods to be specified
10. a) Period of discontinuance, if any : From \_\_\_\_\_ to \_\_\_\_\_  
 b) Date of re-admission : With effect from \_\_\_\_\_  
 Semester of \_\_\_\_\_  
 Year, 20 \_\_\_\_\_ 20 \_\_\_\_\_

11. Date of passing the Qualifying :                      Written \_\_\_\_\_  
Oral \_\_\_\_\_
12. OGPA obtained by the candidate :  
after completion of all the  
course credits
13. Whether the GPA reports of all the :  
semesters sent or not
14. Title of the thesis approved :
15. Whether the permanent card with passport :  
size photo of the student has been sent or not

**SINGATURE OF THE STUDENT**

**COUNTER-SIGNATURE OF THE  
HEAD OF THE DEPARTMENT**

**SIGNATURE OF THE CHAIRPERSON  
OF THE STUDENT**

**Signature of the Associate Dean**

Date: \_\_\_\_\_

College: \_\_\_\_\_

Forwarded to the Dean of P.G. Studies, ANGRAU, Lam, Guntur

**ACHARYA N.G.RANGA AGRICULTURAL UNIVERSITY**  
**Proposal for Evaluation of Research Credits**

*(To be sent to the Associate Dean through the Head of the Department before the last working day of each semester. One copy may be retained by the Head of the Department)*

COLLEGE : \_\_\_\_\_

ACADEMIC YEAR \_\_\_\_\_ SEMESTER \_\_\_\_\_

1. Name of the Student  
I.D.No.
2. Course Department
3. Whether admitted as Fresh / Inservice Candidate
4. Date of admission
5. If inservice, date of joining duty
6. Total credits proposed and completed so far upto the end of previous semester

**Approved in P.G. form 2**

**Completed so far**

Course credits

Research credits

7. Research credits registered during the :  
semester just completed
8. Research work done during the semester :  
(Indicate thesis title & the activities i.e.,  
literature collection, sowing, observations  
analysis, etc., )
9. State whether the progress is in accordance with the research credits registered. If there are any problems, i.e., non-availability of chemicals, failure of crop / experiments etc., specify the same.
10. If there is any deviation in the approved synopsis, state whether the change was approved by the Dean of P.G. Studies, in PG form No. 3 – A.

Date:

**SIGNATURE OF THE STUDENT**

### EVALUATION BY THE ADVISORY COMMITTEE

(Strike off whichever is not applicable)

1. The research work equivalent to all the research credits registered during current semester i.e., \_\_\_\_\_ credits was completed satisfactorily.

**OR**

2. Research work done is not in tune with the registered credits. Of the total of \_\_\_\_\_ credits registered during current semester \_\_\_\_\_ credits were satisfactorily completed which may be incorporated in the GPA report. The remaining \_\_\_\_\_ credits should be **re-registered**.

#### Signatures of the Members of the Advisory Committee with Names & Designations

	Name	Designation	Department	Signature
Chairperson				
Member				
Member				
Member				

#### CHAIRPERSON OF THE ADVISORY COMMITTEE

Forwarded to the Associate Dean for incorporation in GPA report.

**HEAD OF THE DEPARTMENT**

To  
The Associate Dean  
.....

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**Note:** Research credits may be apportioned to different activities pertaining to thesis work i.e., literature collection and collection of experimental material, conduct of experiments, record of observations/ data, analysis, etc.



## ACHARYA N.G.RANGA AGRICULTURAL UNIVERSITY

## COLLEGE :

Memo No. \_\_\_\_\_

Dated: \_\_\_\_\_

Sub: **P.G.Students – Discontinuation of studies – permission – Accorded**

Ref: Representation of Sri / Miss. ....dated.....

\*\*\*

With reference to the letter cited, Sri / Miss .....  
 I.D.No..... student of ..... course majoring in .....  
 .....is hereby informed as follows.

1. He / she joined the course on \_\_\_\_\_ during \_\_\_\_\_ semester of \_\_\_\_\_ (academic year) and completed \_\_\_\_\_ semesters of study. He / she is permitted to discontinue studies temporarily with effect from \_\_\_\_\_ semester of \_\_\_\_\_ (academic year). (Those who discontinued in the middle of a semester shall be deemed to have discontinued from the beginning of that semester).
2. He / she should apply for permission to resume studies in the prescribed form well in advance of the commencement of 4<sup>th</sup> semester (for M.Sc students ) / 6<sup>th</sup> semester (for Ph.D students) of discontinuation through the Chairperson of the Advisory Committee and the Head of the Department.
3. If the duration of break is more than 4 semesters (for Ph.D students), fresh comprehensive examination shall be conducted.
4. The maximum time limit prescribed for completing the graduation requirements (including thesis submission ) is 4 years for M.Sc. or 6 years for Ph.D from the date of original admission remains unchanged.
5. If the student does not resume studies within 4 semesters of discontinuation (for M.Sc. students) or 6 semesters of discontinuation (Ph.D students ) his / her admission shall be treated as cancelled.

## ASSOCIATE DEAN

To

Sri / Miss.....

Cc to Dr..... (Chairperson)

Cc to the Head, Department of .....

Cc to the Dean of PG studies, ANGRAU.

**ACHARYA N.G.RANGA AGRICULTURAL UNIVERSITY**  
***Request for Permission to Resume Studies (Re-admission)***

(To be submitted in triplicate. After final orders, the Associate Dean may send one copy to the Dean of P.G. Studies with P.G.Form No.12-B)

College: \_\_\_\_\_

1. Name of the Student: \_\_\_\_\_ I.D.No. \_\_\_\_\_

2. Course \_\_\_\_\_ Department \_\_\_\_\_

3. Date & Semester of original admission \_\_\_\_\_ (Date) \_\_\_\_\_ (Semester & Year)

4. Date & Semester of discontinuation \_\_\_\_\_ (Date) \_\_\_\_\_ (Semester & Year)

5. Date & Semester of which resumption of studies is proposed \_\_\_\_\_ (Date) \_\_\_\_\_ (Semester & Year)

6. No. of semesters discontinued (if discontinued in the middle of a semester, that should be counted as discontinued).

7. Reasons for discontinuation \_\_\_\_\_

8. Reference of the Associate Dean permitting discontinuation \_\_\_\_\_

9. Whether permission to resume studies is being sought before the prescribed time limit i.e., before 4<sup>th</sup> semester (for M.Sc.) / 6<sup>th</sup> Semester (for Ph.D.) of discontinuation.

10. Credits registered and OGPA secured so far

Semester No.	Semester & Acad. Year	Credits registered			OGPA
		Course	Research	Total	
1.					
2.					
3.					
4.					

11. Credits to be completed \_\_\_\_\_  
(Course) (Research) (Total)
12. Course Nos. of failed courses.
13. Date of passing qualifying Examination \_\_\_\_\_  
(Written) (Oral)
14. Whether this is the FIRST discontinuation: \_\_\_\_\_
15. a) Date of expiry of maximum time limit for completing the graduation requirements (4 years for M.Sc. or 6 years for Ph.D. from the date of original admission)
- b) State whether thesis could be submitted before the above date, if permitted \_\_\_\_\_

**Date**

**SIGNATURE OF THE STUDENT**

**REMARKS:** (Strike off whichever is not applicable)

1. The student has discontinued after studying for \_\_\_\_\_ semesters with/without the permission of the Associate Dean
2. This is the FIRST discontinuation
3. The 4<sup>th</sup> (for M.Sc.) / 6<sup>th</sup> (for Ph.D.) semester of discontinuation has / has not commenced.
4. The student has to further register a total of \_\_\_\_\_ course and research credits for which \_\_\_\_\_ semesters is/are required. If permitted to resume studies from \_\_\_\_\_ semester of \_\_\_\_\_ commencing on \_\_\_\_\_ (date he/she can / cannot complete all the requirements within the prescribed time limit
5. The duration of break is more/not more than 4 semesters. Fresh comprehensive examination shall / need not be conducted (for Ph.D.)

**Signature of the  
Head of Department**

**Signature of the Chairperson of the  
Advisory Committee**

**ORDERS OF THE ASSOCIATE DEAN**

Endt. No. \_\_\_\_\_

Dated: \_\_\_\_\_

The student has / has not fulfilled the requirements for discontinuation and resumption of studies

**He / She may be permitted to resume studies from \_\_\_\_\_ (date) semester of**

\_\_\_\_\_ commencing on \_\_\_\_\_ (date)

**OR**

The request may be negatived

**ASSOCIATE DEAN**

Cc to the Dean of P.G. Studies with P.G. Form 12-B

## ACHARYA N.G.RANGA AGRICULTURAL UNIVERSITY

## College:

Memo No. \_\_\_\_\_

Dated: \_\_\_\_\_

**Sub. :** PG Studies – Permission to resume studies after discontinuation – Reg.**Ref. :** Request in PG Form No.12-A of Sri/Miss. \_\_\_\_\_

\*\*\*

With reference to the request for permission to resume studies (PG Form 12-A). Sri/ Miss \_\_\_\_\_ I.D.No. \_\_\_\_\_ student of \_\_\_\_\_ (course) majoring in \_\_\_\_\_ is hereby informed as follows.

- A) He/She is permitted to resume studies from the \_\_\_\_\_ semester of 200 \_\_\_\_\_ commencing on \_\_\_\_\_ subject to the following conditions.
1. He/She should complete all the graduation requirements for the above degree within the prescribed time limit (4 years for M.Sc or 6 years for Ph.D from the date of original admission )
  2. He/she is not entitled for stipend.
  3. Inservice students (including those who joined as fresh candidates ) should continue studies as full time students by applying leave till the completion of all the graduation requirements. They should produce evidence of leave sanction before registration of courses / research.
  4. If the duration of break is longer than 4 semesters (for Ph.D students ) fresh comprehensive examination shall be conducted.

OR

- B) He/She did not fulfil the requirements under the relevant PG regulation No.8 (g) and hence the request is negated.

ASSOCIATE DEAN

To

Sri / Miss.....

Cc to (Chairperson) Dr.....

Cc to the Head, Department of .....

Cc to the Dean of PG studies, ANGRAU with PG form 12-A.

**ACHARYA NG RANGA AGRICULTURAL UNIVERSITY**  
**Proforma for sending panel of examiners for evaluation of Ph.D. thesis**

Panel of 8 names of eminent scientists representing reputed institutions in the country may be sent to Dean PG Studies 2 months before the submission of Ph.D. thesis.

1. Name of the student with I.D.No. :
2. Department :
3. Title of the research programme :  
as per approved synopsis

Sl. No.	Name of the Examiner and Addresses	Telephone Nos.	E-Mail / FAX
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**Counter Signature by  
the Head of Department**

**Signature of Chairperson**

**ACHARYA N.G. RANGA AGRICULTURAL UNIVERSITY**

**PROPOSAL FOR EXTENSION OF TIME FOR SUBMISSION OF Ph.D THESIS**

(This form is intended for those students who have already completed course credit requirements and research credits and not submitted thesis alone on valid reasons)

College :

Major Field :

1. Name of the student
2. I.D. No.
3.
  - a) Whether full time (fresh) or inservice student
  - b) Date of joining duty (for inservice students)
4.
  - a) Date & Semester of admission
  - b) Date of completion of maximum time limit prescribed (6 yrs from the date of admission)
  - c) Period for which extension is sought (maximum 2 semesters)
  - d) Date of commencement of semester in which fresh registration is proposed
5. Credits prescribed and completed

	<b>Course Credits</b>	<b>Research Credits</b>	<b>Total</b>
Approved (P.G. form No.2)			
Completed successfully			

6. Final OGPA
7. State whether 'F' grade, if any, was cleared. If so, when
8.
  - a) Period of discontinuance (if any)
  - b) Reference through which readmitted/permitted to resume studies.
9.
  - a) Date of passing Qualifying Examination : Written : ..... Oral : .....
  - b) Date of clearing the deficiencies, if any
10. Title of the thesis
11. State whether the thesis is as per the approved synopsis (If there is any change, indicate whether the change was approved in P.G. form No. 3-A)

12. a) Brief account of research work done so far
- b) Work yet to be completed  
(Attach separate sheet, if needed)
- c) Reasons for delay
13. If employed, furnish :
- a) Name & address of the employer
- b) Date of Joining
- c) Whether the employer will sanctioned leave for thesis completion
14. No. & Date of receipt through which late fee was paid.

**SIGNATURE OF THE STUDENT**

15. a) Remarks of the Major Advisor / Chairperson  
of the Advisory Committee (specify the extent  
of work to be done and the period for which  
extension is recommended)

**SIGNATURE OF THE CHAIRPERSON  
OF THE ADVISOR COMMITTEE**

- b) Remarks of the Head of the Department

**SIGNATURE OF THE  
HEAD OF THE DEPARTMENT**

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**(for use in Associate Deans Office)**

Endt. No. \_\_\_\_\_

Date : \_\_\_\_\_

**ASSOCIATE DEAN**

To :  
The Dean of P.G. Studies, ANGRAU



**ACHARYA N.G. RANGA AGRICULTURAL UNIVERSITY****PROPOSAL FOR RE-EXAMINATION IN FAILED COURSE**

(To be submitted during the semester in which re-examination is proposed)

1. Name
2. I.D.No.
3. Degree Major Field
4. Date of commencement of semester in which re-examination is proposed
5. Course for which re-examination is sought.

Course No. & Title	Core/Non-Core Course (M.Sc.)	Signature, Name & Dept. of the course-in-charge*

- \* The teacher-in-charge of course shall note the names of all students seeking re-examination and conduct the examinations as per schedule. However the examination in failed core course be conducted, even if not offered.
- \* Although 25 days time is allowed to pay the fee, the student should pay the fee and appear for the first quizz etc if conducted prior to 25 days stipulated for fee payment.
- \* If is the responsibility of student to ascertain examination dates.

**SIGNATURE OF THE STUDENT**

Forwarded to the Associate Dean with a request to accept the re-examination fee @ Rs. 100/- per each course within 25 days from the commencement of semester.

**Head of the Department  
in which student is admitted.**

For Use in Associate Deans Office

Fee of Rs ..... was paid towards re-examination in .....course(s)

**ASSOCIATE DEAN**

To,  
The Student  
co. to the course-in-charge through Head of the Department.

**ACHARYA N.G.RANGA AGRICULTURAL UNIVERSITY**  
ACADEMIC PROGRESS OF P.G.STUDENTS (to be maintained in each department)

**Degree**

**Major Field**

**College**

**Academic Year of Admission**

**Date of Admission**

Name / I.D.No. / Chairperson		Course/Research credits registered & OGPA secured Semester-Wise									Date of Submission of P.G. Forms/Thesis									Remarks
		I	II	III	IV	V	VI	VII	VIII	IX	1	2	3	4&5	6 Thesis	7/8	9			
Name	Course																			
I.D.No.	Research																			
Chairman	OGPA																			
Name	Course																			
I.D.No.	Research																			
Chairman	OGPA																			
Name	Course																			
I.D.No.	Research																			
Chairman	OGPA																			
Name	Course																			
I.D.No.	Research																			
Chairman	OGPA																			

**ACHARYA N.G.RANGA AGRICULTURAL UNIVERSITY**

REGISTRATION – CUM - GRADE CARD FOR P.G.COURSES I/II semester 20 \_\_\_\_\_

Name of the Student: \_\_\_\_\_ I.D.No. \_\_\_\_\_

Course : \_\_\_\_\_ Department: \_\_\_\_\_

College: \_\_\_\_\_

Date of commencement of semester \_\_\_\_\_ Date of Registration \_\_\_\_\_

To be filled by the student			For Office Use		
Course Number	Title of the course	Credit Hours	Grade Point	Credit Points	Result (Fail etc.)
	<b>Research</b> (P.G. Form 11 should be submitted at the end of the semester)				
	<b>TOTAL</b>				

**Signatures**

Student

Chairperson

Head of the Dept

Acad. Advisor(PG)

*For Office Use:*  
**Re-Examination Courses**

Course Number	Title of the course	Credit Hours	Grade Point	Previous Grade Point	Difference		Result
					Grade Point	Credit Points	

**Computation of Grade etc.**

Particulars	Upto the end of Last Semester	During the Current Semester	By the end of Current semester
Total No. of Credit Points:			
Total No. of Credit Hours	Course	Course	Course
	Research	Research	Research
	NC	NC	NC
Grade Point Average:			
Overall Grade Point Average:			

**Academic Status at the end of Current Semester**

Placed in Scholastic Probation for I or II time / withdrawn from the University  
Permitted to register the courses of next semester

Prepared by \_\_\_\_\_

Acad. Advisor(PG) \_\_\_\_\_

Checked by \_\_\_\_\_

Associate Dean \_\_\_\_\_

Student / Chairperson / Head of the Department

**ACHARYA N.G.RANGA AGRICULTURAL UNIVERSITY**  
**REGISTRATION CARD / G.P.A REPORT OF P.G. COURSES**  
 (To be filled in by the student)

Name \_\_\_\_\_ I.D.No. \_\_\_\_\_

Degree \_\_\_\_\_ Department \_\_\_\_\_

College \_\_\_\_\_

***Academic Progress upto Last Semester: i.e., I / II Semester 200 -***

1. a) Number of semesters studied so far  
 b) State whether the following P.G. forms have been submitted  
**PG.1** Yes / No. **PG.2** Yes / No. **PG.3** Yes / No. **PG.4 & 5** Yes / No.
2. If discontinued, the reference through which readmission was permitted.
3. a) Progress of research work \_\_\_\_\_ Satisfactory / Unsatisfactory  
 b) Indicate activity completed (literature collection,  
 Conduct of study, data collection analysis, etc)
4. Total credit hours completed so far : Course: \_\_\_\_\_ Research: \_\_\_\_\_
5. OGPA obtained: \_\_\_\_\_
6. Scholastic probation, if any: I time / II time / Nil (Not allowed for 3<sup>rd</sup> time)

**Note:** Failure to register courses during the consecutive semesters amounts to discontinuation. Failure to register 8 course credits, maintain 75 percent attendance and prescribed GPA / OGPA during first two semesters results in cancellation of admission. Discontinuation is allowed only after two semesters of study that too with prior permission of Associate Dean.

Time gap between submission of synopsis & thesis is 1 semester for M.Sc./ 2 semesters for Ph.D. For change of title / synopsis, proposal should be sent in PG form 3A & research credits should be re-registered proportionately.

Subsequent registration not permitted if OGPA is less than the prescribed minimum

**Course / Research Credits being Registered during the Current Semester  
i.e., I / II semester 20 \_\_\_\_\_**

Date of commencement of semester \_\_\_\_\_ Date of Registration \_\_\_\_\_

To be filled by the student					
Course Number	Title of the course	Credit Hours	Grade Point	Credit Points	Result (Fail etc.)
	<b>Research</b> (P.G. Form 11 should be submitted at the end of the semester)				
	<b>TOTAL</b>				

**Signatures**

Student \_\_\_\_\_ Chairperson \_\_\_\_\_ Head of the Dept \_\_\_\_\_ Acad. Advisor(PG) \_\_\_\_\_

**Note :** Maximum Credit Load per semester : 15+1 (for ANGRAU in-service candidates on duty maximum 9 research credits)

Temporary change or withdrawal of a registered course is allowed by Associate Dean upto 2 weeks or 6 weeks respectively from the commencement of semester (PG 2A). Courses registered without approval of Dean PG shall not be counted for computation of Grade.

Time limit for changes in PG form 2 (to be approved by Dean PG Studies in PG 2A):

Addition of courses - end of II semester, Deletion / Substitution – 15 days in III semester.

**ANNEXURE**  
**ACHARYA N.G. RANGA AGRICULTURAL UNIVERSITY**

**PROFORMA FOR INTRODUCTION OF NEW P.G. PROGRAMME**  
**(enclose separate sheets wherever necessary)**

1. Name of the Department :
2. a) Name of the Programme proposed to be introduced :
- b) Whether it is a new Programme in ANGRAU or an extension of the existing programme to other campus :
3. a) Teaching positions available:

Sl. No.	Designation	Sanctioned posts	Vacancies if any
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1. Professor
2. Associate Professor
3. Assistant Professor

b) No. of qualified Teachers available

c) Qualifications and other details of Teaching Staff:

Sl. No.	Name & Designation	Qualifications	Experience Teaching / Extn / Res.	No. of Students guided		Research Publications & awards	No. courses handled & handled & total credits
				M.Sc.	Ph.D		

4. List of U.G. courses being taught in the Department.
5.
  - a) List of P.G. courses being taught as supporting courses to other departments.
  - b) If any new courses are to be introduced list the courses.
6. Work load analysis (Please indicate whether the new programme can be introduced with out additional staff).
7.
  - a) Year of commencement of M.Sc., programme
  - b) No. of M.Sc.'s already produced
8. List of research projects carried out and details of staff, etc.
9. No. of research papers published from the Department.
10. Physical facilities available
11. List of on-going research projects the facilities of which can be utilized for the new programme (Indicate the funding agency, duration of the Project and the details of staff and facilities Available).
12. Budget estimates for 5 yrs. (Attach separate sheet indicating requirements for the staff / other facilities).
13.
  - A. Whether the programme can be initiated without any additional requirements, including staff equipment, etc.
  - B. Source of funds (state if financial support from other agencies etc. is available)
14. No. of students proposed to be admitted to the New programme.
15. Qualifications proposed for admission in to the new programme
16. Remarks (Any other information Justifying the proposal)

Signature of the Head of the Department  
**or**  
The Officer Proposing The Programe

Remarks of the Head of the College / Institution

**SIGNATURE OF THE ASSOCIATE DEAN**