ANNEXURE I

PUNJAB AGRICULTURAL UNIVERSITY

Programme of work for Postgraduate students
(to be submitted by HOD in quintuplicate)

To

The Dean
Postgraduate Studies
Punjab Agricultural University, Ludhiana

The Advisory Committee of Shri/Mr/Ms ____________________________
son/daughter of Sh._______________________________ & Smt.________________________
Admn.No._____________________________ admitted in the Department of_________________
in________________________ programme during the Academic Year________________
Semester I/II ___ after consulting him/her in a meeting, makes the following statements 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 are:

<table>
<thead>
<tr>
<th>Degree or Diploma</th>
<th>Year of passing</th>
<th>Division</th>
<th>Aggregate %age of marks or grade point average</th>
<th>Institution</th>
<th>Major subject(s)</th>
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</tbody>
</table>
He/She has studied the following courses in major fields in the Bachelor’s programme

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<thead>
<tr>
<th>Title of the Course</th>
<th>Course No.</th>
<th>Credit Hours</th>
<th>Grade/CPA obtained</th>
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</table>

He/She has studied the following courses in major fields in the Master’s programme

<table>
<thead>
<tr>
<th>Title of the Course</th>
<th>Course No.</th>
<th>Credit Hours</th>
<th>Grade/CPA obtained</th>
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* This information is to be furnished by Ph.D. students only.
* He/She has studied the following courses in major, supporting and minor fields in Master’s programme
He/She shall be required to complete the following courses:

<table>
<thead>
<tr>
<th>Classification of Courses</th>
<th>Course No.</th>
<th>Title of the Course</th>
<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
<td>(i) Deficiencies</td>
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<td>to be completed</td>
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<td>(ii) Major</td>
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<td>(iii) Supporting</td>
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<td>(iv) Minor</td>
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<td>Grand Total:</td>
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</tbody>
</table>

Signature of the student __________________________
ADVISORY COMMITTEE

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation &amp; Department</th>
<th>Signature</th>
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</thead>
<tbody>
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<td>1.</td>
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<td>(Major Advisor)</td>
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<tr>
<td>(Nominee of Dean PGS)</td>
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</tbody>
</table>

Certified that:
1. The courses shown under deficiency, major, supporting and minor fields 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 provisions of R.I.B.

(Major Advisor)  (Head of the Department)

Forwarded in quintuplicate to the Dean, Postgraduate Studies, Punjab Agricultural University, Ludhiana.

Head
Department of ________________________________
(Seal)

For use in the office of Dean, Postgraduate Studies

Approved/ Not approved

Dean
Postgraduate Studies

Registrar, PAU

Head, Department of ________________________________
(Three copies)

Programme of work can be downloaded from website www.pau.edu

(Page 4 of 4)
ANNEXURE II

PUNJAB AGRICULTURAL UNIVERSITY

PROFORMA FOR ADDITION/DELETION OF COURSES FROM THE PROGRAMME OF WORK

To
The Dean
Postgraduate Studies
Punjab Agricultural University, Ludhiana

Subject: Addition/Deletion of courses from the programme of work

The Advisory Committee of Shri/Miss/Mrs___________________________________________
Admn. No.______________________________ Master’s/Ph.D. student in its meeting held in the
Department of ________________________________ on ________________________________
has recommended the following changes in the programme of work:

Courses to be added

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course title</th>
<th>Credit hrs</th>
<th>Whether the course is major/supporting/minor</th>
<th>Reasons for change</th>
</tr>
</thead>
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</tbody>
</table>

Courses to be deleted

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course title</th>
<th>Credit hrs</th>
<th>Reasons for change</th>
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</thead>
<tbody>
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</table>

OCPA at the end of previous Semester ________________________________

It is certified that the student has not obtained ‘F’ grade in the courses which are being deleted.

ADVISORY COMMITTEE

<table>
<thead>
<tr>
<th>Signature</th>
<th>Name in block letters</th>
<th>(Major Advisor)</th>
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</thead>
<tbody>
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</table>

Recommended and forwarded in duplicate to the Dean, Postgraduate Studies, PAU, Ludhiana.

Memo. No. _______________  ______________________
Dated _______________  Head of the Department
Synopsis of Thesis/Dissertation Problem of Postgraduate Students: Master’s degree/Ph.D.

Name of the student (Capital letters) __________________________________ Admission No. _________________

Major Subject____________________ Minor Subject____________________ Major Advisor _________________

1. Title ___________________________________________________________________

2. Introduction (highlighting knowledge gaps and objectives)

3. Hypothesis

4. Review of literature

5. Technical programme

The details of each experiment should be given as under:
- Experiment No. 1
  i) Name of the experiment
  ii) Location: Field/Lab.
  iii) Methodology
  iv) Observations
  v) Statistical analysis

Similar details of other experiment(s), if any, should be given.

6. Schedule work - flow diagram

7. Collaboration with other Departments (if any)

Name of the department

Consent of the :
  i) Collaborating teacher________________________________________ ii) Head of collaborating Department

8. References

____________________________________________________

Signature of the student

ADVISORY COMMITTEE

Name Designation Department Signature

Major Advisor _________________ _______________ ________________ ______________

Member _________________ _______________ ________________ ______________

Member _________________ _______________ ________________ ______________

Member _________________ _______________ ________________ ______________

Nominee of Dean PGS _________________ _______________ ________________ ______________

Forwarded five copies to the Dean, Postgraduate Studies, for approval of Synopsis Approval Committee.

Head of the Department_______________

Dean, Postgraduate Studies
ANNEXURE IV

PUNJAB AGRICULTURAL UNIVERSITY, LUDHIANA

REQUEST FOR PRELIMINARY ORAL EXAMINATION

This is to certify that Shri/Miss/Mrs.______________________________________________
Admn. No.________________________of the Department of  _____________________________
has satisfactorily completed his/her written examination in the Major and Minor
on__________________________ and _________________________ respectively. Kindly
arrange the preliminary oral examination. I recommend the external examiners for this oral
examination by the list of five names given below :
1. 
2. 
3. 
The advisory committee of the student consists of :
1. 
2. 
3. 
4. 
5. 
Recommended dates for the examination:
From ____________________ to _____________________.

Head of Department
Dean
Postgraduate Studies
PAU, Ludhiana

NOTE: This is to be sent in duplicate to the Dean, Postgraduate Studies, PAU, Ludhiana.
This is to certify that

Shri/Miss/Mrs._________________________________________________________

Admin. No.__________________________________of the Department of _________________________

has been examined by us. The oral examination was held on _____________________________

His/her performance in the examination has been found Satisfactory/Unsatisfactory.

_________________________________ ______________________________________

Major Advisor External Examiner

(Name) (Name and address)

_________________________________ ______________________________________

Advisor Advisor

_________________________________ ______________________________________

Advisor Advisor

Forwarded (in duplicate) by the Head of the Department of ______________________________

(Name of the Deptt.)

to the Dean, Postgraduate Studies, Punjab Agricultural University, Ludhiana.

Memo. No. _______________________ _______________________________

Dated __________________________

Head of the Department

Forwarded by the Dean, Postgraduate Studies, to the Registrar, Punjab Agricultural University,

Ludhiana

for necessary action.

Memo. No. _______________________ _______________________________

Dated __________________________

Dean, Postgraduate Studies

(Name) (Name )

(Name) (Name)
ANNEXURE VI
PUNJAB AGRICULTURAL UNIVERSITY

Proforma for submission of the draft of the thesis/dissertation/project report

This is to certify that the draft of the thesis/dissertation/project report entitled*, ________________  
_______________________________________________________________________________  
______________ was submitted by Shri/Miss/Mrs_______________________________Admn. No.  
__________________ a Master’s degree/Ph.D.student in the Department of  

_______________________________________________________________________________  

for the comments and corrections. We will return this within ten days from the date of receipt.

ADVISORY COMMITTEE
Name Signature with date Department
1. __________________________ _______________________ ________________________  
(Major Advisor)
2. __________________________ _______________________ ________________________
3. __________________________ _______________________ ________________________
4. __________________________ _______________________ ________________________
5. __________________________ _______________________ ________________________
6. __________________________ _______________________ ________________________

**It is certified that the above mentioned student has completed all the course/research  
requirements for the award of M.Sc./Ph.D. degree.

___________________  
Major Advisor  
Recommended and forwarded to the Dean, Postgraduate Studies for taking further necessary  
action.

Head of the Department  
Memo No. _________________  
Dated ____________________

* The title should be type written.  
** In case of Ph.D. students admitted during the year 2002 and onwards, it is to be certified that  
students will write
and submit two research papers on their research work in journals of repute before their final viva-  
vocie examination.
ANNEXURE VII
REQUEST FOR FINAL ORAL EXAMINATION OF MASTER’S/Ph.D. STUDENTS

This is to certify that Shri/Ms_______________________________________________________
Admission No. _______________________________ has completed all the course/research
requirements for the award of Master’s/Ph.D. degree. A *list of external examiners in respect of the
student is recommended as under:

1. 
2. 
3. 
* The title of the thesis/project report /dissertation is as under:-

____________________________________________________________________________
____________________________________________________________________________

Recommended and forwarded by the Head to the Department to the Dean Postgraduate Studies,
PAU,

____________________________
Head of the Department

* The Title of thesis/project report/dissertation & the list of external examiners should be
type written.

4
5

(Major Advisor)
Ludhiana for further necessary action. (Head of the Department may add maximum up to two
examiners if he /she so desires).
ANNEXURE VIII

PUNJAB AGRICULTURAL UNIVERSITY

PROFORMA FOR SUBMISSION OF THESIS/DISSERTATION/PROJECT REPORT TO DEAN PGS

Name of the student ____________________________ Programme : Master’s degree/Ph.D.

Father’s name _________________________________ Admission No. ____________________

Major field_____________________________________

We, the members of the student’s Advisory Committee, certify that we have read the
thesis/dissertation/project report and that suggestions made for improvement have been incorporated.

1. _____________________________________ 2. ___________________________________
3. _____________________________________ 4. ___________________________________
5. _____________________________________ 6. ___________________________________

Signature of the Major Advisor _________________________________________

Dated____________________

Signature of the Head of Department _______________________Dated ____________________

Forwarding thesis/dissertation/project report___________________Dated ____________________

Thesis/dissertation/project report fee paid vide Receipt No. ______________Amount ___________

dated____________________

Nothing is due :
1. University Librarian
2. P.U. Extension Library
3. Concerned Dean (Book Bank)
4. Hostel Warden duly countersigned by the DSW
   (to be submitted at the time of viva-voce examination)

__________________________

Signature of Accounts Officer
with rubber stamp

Memo No. ____________________

Dated ____________________ Head of the Department

with rubber stamp

The Dean, PGS
PAU, Ludhiana

This form in duplicate should be submitted alongwith a copy of thesis for Master’s degree & a copy of
dissertation for Ph.D degree to the Head of the Department who will forward to Dean, Postgraduate Studies
for approval before the last date for submission of thesis/dissertation.

Date of receipt in the office of the Dean, PGS____________

Dean
Postgraduate Studies
ANNEXURE IX
PUNJAB AGRICULTURAL UNIVERSITY

CERTIFICATE OF THESIS/DISSERTATION AND ORAL EXAMINATION FOR MASTERS/Ph.D. PROGRAMME

This is to certify that the thesis/dissertation entitled, __________________________________________
____________________________________________________________________________________
submitted by ________________________________________________________________
(Admn. No. ______________________) son/daughter of Shri ________________________________________
and Smt. ____________________________________________________________ to the Punjab Agricultural University in the partial fulfillment
of the requirements of M.Sc/M.Tech/ Ph.D. in the subject of __________________ has been examined by
us. His/her minor field is ___________________. The candidate was examined orally by the committee
on __________________.  

1. The thesis/dissertation has been found satisfactory (Yes/No)______________
2. Performance of the candidate in oral examination (Yes/No)______________
has been found satisfactory
3. We recommend that the candidate should resubmit (Yes/No)______________
the thesis/dissertation
4. We recommend that the candidate should reappear (Yes/No)______________
for oral examination
5. We recommend award of degree to the candidate (Yes/No)______________

Advisory Committee
1. ________________________________________________________________
(Major Advisor)

__________________________
External Examiner
(name, designation and address)
2. ________________________________________________________________
(Advisor)
3. ________________________________________________________________
(Advisor)
4. ________________________________________________________________
(Advisor)
5. ________________________________________________________________
(Advisor) (Nominee Dean, PGS)

Certified that necessary changes/corrections as suggested by the external examiner and advisory committee
have been incorporated in the thesis/dissertation.

Major Advisor

Forwarded, (in duplicate) by Head of Department of __________________________ of the College of
______________________________ to the Dean, Postgraduate Studies No. _______________________

Dated:

Signature of Head of the Dept.

Forwarded by the Dean, Postgraduate Studies to the Registrar, for favour of necessary action.
No.
Dated __________________________

Signature of Dean, P G Studies

Registrar, PAU
* The tite should be type written.
ANNEXURE X

CERTIFICATE – I

This is to certify that the thesis/dissertation entitled, ________________________________” submitted for the degree of M.Sc./M.Tech./Ph.D., in the subject of __________________________ (Minor subject : _______________________________) of the Punjab Agricultural University, Ludhiana, is a bonafide research work carried out by _____________________ under my supervision and that no part of this thesis/dissertation has been submitted for any other degree.

The assistance and help received during the course of investigation have been fully acknowledged.

Major Advisor
ANNEXURE XI

CERTIFICATE – II

This is to certify that the thesis/dissertation entitled, "__________________________" submitted by ___________________________ (Admission No. __________________) to the Punjab Agricultural University, Ludhiana, in partial fulfillment of the requirements for the degree of M.Sc./M.Tech. in the subject of __________ ________________ (Minor subject : _____________) has been approved by the Student’s Advisory Committee alongwith the Head of Department after an oral examination on the same.

Head of Department

Major Advisor

Dean Postgraduate Studies