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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Department / Major Field</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member :</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member :</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member :</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 justification

Academic 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 ADVISORY 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) :

<table>
<thead>
<tr>
<th>Existing Chairperson/ Member</th>
<th>Proposed Chairperson/ Member</th>
<th>Reasons for change</th>
</tr>
</thead>
</table>

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

Recommendation :

SIGNATURE OF THE PROPOSED CHAIRPERSON/MEMBER

HEAD OF THE DEPARTMENT

ASSOCIATE DEAN

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

Endt. No. /PG/ Dated
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:

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Title of the Course</th>
<th>Credits (Th+Pr)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Core Courses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M.Sc. / Ph.D.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Course</th>
<th>Seminar</th>
<th>Research</th>
<th>Total</th>
</tr>
</thead>
</table>

Note: Courses registered without the approval of Dean PG Studies will not be counted for computation of grade. Temporary change may be permitted up to 2 weeks of the commencement of the semester or withdrawal of a registered course may be permitted up to 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 up to the end of II semester. Deletion / Substitution of courses is allowed up to 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)

<table>
<thead>
<tr>
<th>Advisory Committee</th>
<th>Name</th>
<th>Designation</th>
<th>Major Field / Department</th>
<th>Signature with date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td></td>
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<td>Member</td>
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<tr>
<td>Member</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Existing Course</th>
<th>Proposed Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course No.</td>
<td>Title</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reasons for the change

Date

SIGNATURE OF THE STUDENT

Advisory Committee

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Designation</th>
<th>Department</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td></td>
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<tr>
<td>Member</td>
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</tr>
</tbody>
</table>

HEAD OF THE DEPARTMENT
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

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 Studies 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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Department</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td></td>
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<td>Member</td>
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<td></td>
</tr>
<tr>
<td>Member</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Submitted to the Dean of Post Graduate Studies for approval

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)
ACHARYA 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
<table>
<thead>
<tr>
<th>Semester during which registered</th>
<th>No. of Research Credits to be cancelled</th>
<th>Semester during which credits proposed to be re-registered</th>
<th>No. of research credits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation &amp; Department</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td></td>
<td></td>
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<tr>
<td>Member</td>
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<td>Member</td>
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<tr>
<td>Member</td>
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</tbody>
</table>

HEAD OF THE DEPARTMENT

Endt. No.  

Forwarded  

Remarks (if any)  

Signed:  

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

<table>
<thead>
<tr>
<th>Nature of Credits</th>
<th>Total Credits Programmed</th>
<th>Credits Completed so far</th>
<th>Percentage of Credits Completed</th>
<th>OGPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Course Credits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Research Credits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation &amp; Department</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Examiner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairperson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head of the Dept.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Co-opted member)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Core courses (M.Sc.)</th>
<th>Seminar</th>
<th>Total</th>
<th>Research</th>
<th>Grand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor Courses (Ph.D)</td>
<td></td>
<td>Credits</td>
<td>Credits</td>
<td>Total</td>
</tr>
<tr>
<td>Approved</td>
<td></td>
<td></td>
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<tr>
<td>(PG form 2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completed  


7. **Semester wise academic record**

<table>
<thead>
<tr>
<th>Year &amp; Semester</th>
<th>Credits Completed</th>
<th>OGPA</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Course</td>
<td>Research</td>
<td>Total</td>
</tr>
</tbody>
</table>

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 

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation &amp; Department</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. External Examiner (for Ph.D.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Chairperson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Member</td>
<td></td>
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<tr>
<td>5. Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Head of the Dept.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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

Degrees ..............................................................

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)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Fulltime</th>
<th>Date of commencement of the semester</th>
<th>Course Credits</th>
<th>Research Credits</th>
<th>OGPA</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Approved in P.G. form 2</th>
<th>Completed so far</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course credits</td>
<td></td>
</tr>
<tr>
<td>Research credits</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Designation</th>
<th>Department</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td></td>
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<td>Member</td>
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<tr>
<td>Member</td>
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</tr>
</tbody>
</table>

CHAIRPERSON OF THE ADVISORY COMMITTEE

Forwarded to the Associate Dean for incorporation in GPA report.

HEAD OF THE DEPARTMENT

To
The Associate Dean

..............................

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 4th semester (for M.Sc students) / 6th 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 4th semester (for M.Sc.) / 6th Semester (for Ph.D.) of discontinuation.

10. Credits registered and OGPA secured so far

<table>
<thead>
<tr>
<th>Semester No.</th>
<th>Semester &amp; Acad. Year</th>
<th>Credits registered</th>
<th>OGPA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Course</td>
<td>Research</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 4th (for M.Sc.) / 6th (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: __________


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 negatived.

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

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the Examiner and Addresses</th>
<th>Telephone Nos.</th>
<th>E-Mail / FAX</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Course Credits</th>
<th>Research Credits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved (P.G. form No.2)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Completed successfully</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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/permission 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) Workyet t 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

      (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.

<table>
<thead>
<tr>
<th>Course No. &amp; Title</th>
<th>Core/Non-Core Course (M.Sc.)</th>
<th>Signature, Name &amp; Dept. of the course-in-charge*</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

* 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.

* It 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
c.o. 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)

<table>
<thead>
<tr>
<th>Name / I.D.No. / Chairman</th>
<th>Course/Research credits registered &amp; OGPA secured Semester-Wise</th>
<th>Date of Submission of P.G. Forms/Thesis</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I</td>
<td>II</td>
<td>III</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I.D.No.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Chairman</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Name</td>
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<tr>
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<tr>
<td>Chairman</td>
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</tbody>
</table>
ACHARYA N.G.RANGA AGRICULTURAL UNIVERSITY
REGISTRATION - CUM - GRADE CARD FOR P.G.COURSES 1/II semester 20

Name of the Student: ____________________________ I.D.No. __________

Course: ____________________ Department: ________________________

College: ____________________________

Date of commencement of semester __________ Date of Registration __________

<table>
<thead>
<tr>
<th>To be filled by the student</th>
<th>For Office Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Number</td>
<td>Title of the course</td>
</tr>
<tr>
<td>Research (P.G. Form 11 should be submitted at the end of the semester)</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

Signatures

Student Chairperson Head of the Dept Acad. Advisor(PG)
For Office Use:

Re-Examination Courses

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Title of the course</th>
<th>Credit Hours</th>
<th>Grade Point</th>
<th>Previous Grade Point</th>
<th>Difference</th>
<th>Result</th>
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</table>

Computation of Grade etc.

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Upto the end of Last Semester</th>
<th>During the Current Semester</th>
<th>By the end of Current semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No. of Credit Points:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total No. of Credit Hours</td>
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<td></td>
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</tr>
<tr>
<td>Grade Point Average:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Grade Point Average:</td>
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<td></td>
</tr>
</tbody>
</table>

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 _____________________
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.  P.G.2 Yes / No.  P.G.3 Yes / No.  P.G.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\textsuperscript{rd} 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 ___________

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Title of the course</th>
<th>Credit Hours</th>
<th>Grade Point</th>
<th>Credit Points</th>
<th>Result (Fail etc.)</th>
</tr>
</thead>
</table>

**Research** (P.G. Form 11 should be submitted at the end of the semester)

TOTAL

**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:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Designation</th>
<th>Sanctioned posts</th>
<th>Vacancies if any</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Professor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Associate Professor</td>
<td></td>
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</tr>
<tr>
<td>3.</td>
<td>Assistant Professor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) No. of qualified Teachers available

c) Qualifications and other details of Teaching Staff:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name &amp; Designation</th>
<th>Qualifications</th>
<th>Experience Teaching / Extn / Res.</th>
<th>No. of Students guided</th>
<th>Research Publications &amp; awards</th>
<th>No. courses handled &amp; handled &amp; total credits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
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 Programme

Remarks of the Head of the College / Institution

SIGNATURE OF THE ASSOCIATE DEAN