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**Mahatma Jyotiba Phule Research & Training Institute**  
**(MAHAJYOTI), Nagpur**  
*(An Autonomous Institute Of Government Of Maharashtra)*

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**MAHATMA JYOTIBA PHULE RESEARCH FELLOWSHIP**

**MJPRF-20\_\_ (Up-gradation Certificate)**

**THREE MEMBERS ASSESSMENT COMMITTEE REPORT FOR UPGRADATION FROM MJPRF UNDER THE SCHEME OF MAHATMA JYOTIBA PHULE RESEARCH FELLOWSHIP, (MJPRF-20\_\_).**

Assessment for up-gradation of Mr./Mrs. \_\_\_\_\_

Working at the Department of \_\_\_\_\_ of

University/Institution/College \_\_\_\_\_ on

Completion of two years on date \_\_\_\_\_.

**CONSTITUTION OF THE COMMITTEE**

**(Name and Designation)**

1.

[ Outside Subject Expert – other than same Univ./Instt./ College] Name & sign

2.

[Supervisor of Research Scholar] Name & sign

3.

[Head of the Department] Name & sign

Ph.D. Registration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Tenure of JRF completed (Period of two years from date of reg.)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Venue of assessment/ interview:-

Date of Meeting: -

Time:-

**ASSESSMENT OF THE COMMITTEE**

The Committee assessed the progress of the candidate through their presentation followed by interview and recommended as follows.

**RECOMMENDATIONS**

(Enclosure three member committee Report separately)

In view of the outstanding/very good/ satisfactory performance of the MJPRF, and also the fact that he/she has published work to his/her credit, the committee makes the following recommendations.

Mr./ Mrs./Ms. \_\_\_\_\_ can be upgraded from MJPRF for the remaining tenure of Ph.D / submission of thesis whichever is earlier

Also certified that fellow shall not accept / hold any emoluments paid or otherwise or receive emoluments, salary, stipend, etc. from any other source during the tenure of the award.

If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

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Signature	Signature
Date :	Name :
<b>Name of the Candidate :</b>	Date :
	<b>Guide/ Supervisor :</b>

Signature	Signature
Name :	Name :
Date :	Date :
<b>Head of Department (Seal) :</b>	<b>Registrar / Director /Principal :</b>
	<b>(Seal of University / Institution / College)</b>

## THREE MEMBER COMMITTEE EVALUATION REPORT

**सदर रिपोर्ट संशोधन केंद्राच्या किंवा महाविद्यालयाच्या लेटरहेड व टाईप करून पाठवावा.**

THREE MEMBER COMMITTEE EVALUATION REPORT मध्ये खालील मुद्याच्या समावेश आसावा.

१. विद्यार्थ्यांची संशोधन विषयक माहिती जसे की, विद्यार्थ्यांचे नाव, विभाग कोर्स, संशोधन विषय, संशोधन केंद्र, विद्यापीठ.
२. दोन वर्षांमध्ये पूर्ण केलेल्या संशोधन कामांचा आढावा - याबाबत स्पष्ट उल्लेख असावा. (विषयाची व्याप्ती बाबत सद्यस्थिती, संदर्भ साहित्याच्या अभ्यासाबाबत सद्यस्थिती, संशोधन पद्धती - आराखडा बाबत सद्यस्थिती, किंवा राष्ट्रीय/ आंतरराष्ट्रीय स्तरावर प्रसिद्ध झालेले संशोधन लेख.)
३. वरील मुद्याबाबत समितीची संशोधन विद्यार्थ्यांचे कामकाजाची सद्यस्थिती समाधानकारक असल्याचे किंवा नसल्याबाबत मत व SRF करिता शिफारस आहे किंवा JRF चालू ठेवण्याबाबत शिफारस करण्यात यावी.

Signature

Name :

Date :

**Guide/ Supervisor****(Seal/Stamp):**

Signature

Name :

Date :

**Head of Department****(Seal/Stamp) :**

Signature

Name :

Date :

**[Outside Subject Expert –  
other than same Univ./ Inst./  
College (Seal &Stamp)**

(वरील प्रमाणे सर्व समिती सदस्यांच्या स्वाक्षऱ्या व शिक्के असणे बंधनकारक आहे अन्यथा हा अहवाल ग्राह्य धरण्यात येणार नाही.)