**APPENDIX – II**

**PG2**

**CENTRAL AGRICULTURAL UNIVERSITY**

**Programme of work for Postgraduate students**

*(To be submitted to the Dean in quintuplicate within ten weeks of commencement of first semester)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To |  | | | | | | | |
|  | The Director of Instruction  Central Agricultural University, Imphal | | | | | | | |
| The Advisory Committee of Mr./Ms. ……………………………………………………….........  son/ daughter of Shri ……………………………… & Smt. …………………………………..  Adm. No/ Registration No…………………………………….. admitted in the Department of  ………………….. College of ………………………….. in …………………. programme during the Academic Year ……………….. Semester I/II ……………….. after consulting him/her in a meeting, makes the following statements of recommendations: | | | | | | | | |
| His/ her major field is | | | | : |  | | | |
| His/ her field of specialization is | | | | : |  | | | |
| His/ her minor field is | | | | : |  | | | |
| His/her supporting field is | | | | : |  | | | |
| His/ her academic qualifications prior to joining this programme: | | | | | | | | |
| **Degree or Diploma** | | **Year of Passing** | **Division** | | | **Aggregate %age of marks or OGPA** | **Institution** | **Major Subject(s)** |
| High School/ Higher Sec./ Senior Secondary School | |  |  | | |  |  |  |
| **Bachelor Degree** | |  |  | | |  |  |  |
| **Master Degree** | |  |  | | |  |  |  |
| **Other (Specify)** | |  |  | | |  |  |  |

Adm. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

He/She has studied the following courses in major fields in the Bachelor’s Programme

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of the Course** | **Course No.** | **Credit Hours** | **Grade/ OGPA obtained** |
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| He/She has studied the following courses in major, minor and supporting fields in the Master’s programme (for Ph.D. only) | | | |
| **Title of the Course** | **Course No.** | **Credit Hours** | **Grade/ OGPA obtained** |
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He/She shall be required to complete the following courses:

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| --- | --- | --- | --- | --- |
| **Classification of Courses** |  | **Course No.** | **Title of Course** | **Credit Hours** |
| **(i)**  **Deficiencies to be completed** | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| **Total:** | | |  |
| **(ii)**  **Major Subject** | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| **Total:** | | |  |
| **(iii)**  **Minor Subject** | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| **Total:** | | |  |
| **(iv)**  **Supporting Subjects** | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| **Total:** | | |  |
| **Grand Total:** | | |  |

Semester-wise programme (Master 4 semesters, Ph.D. 6 semesters)

|  |  |  |  |
| --- | --- | --- | --- |
| **Semester** | **Course No.** | **Course Title** | **No. of credits** |
| **I** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **II** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **III** |  |  |  |
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| **IV** |  |  |  |
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| **V** |  |  |  |
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| **VI** |  |  |  |
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Signature of the student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADVISORY COMMITTEE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Designation & Department** | | **Signature** |
| **1.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **(Chairperson)** |  | |  |
| **2.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **(Member)** |  | |  |
| **3.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **(Member)** |  | |  |
| **4.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **(Member)** |  | |  |
| **5.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **(Member)** |  | |  |
| **Certified that:** | | | | |
| **1. The courses shown under deficiency, major, supporting and minor fields are correct.** | | | | |
| **2. The titles and credit hours shown against each course are correct.** | | | | |
| **3. The major and minor fields conform to the approved ones** | | | | |
|  |  |  | |  |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **(Chairperson)** |  | | **(Head of Department)** |
|  |  |  | |  |
| Forwarded in quintuplicate to the Director of Instruction, Central Agricultural University, Imphal | | | | |
|  |  |  | **Dean of the College** | |
|  |  |  |  | |
| For use in the office of Director of Instruction | | | | |
|  | **Approved/Not approved** | |  | |
|  |  |  |  | |
|  |  |  | **Director of Instruction** | |
|  |  |  |  | |
|  |  |  |  | |
| **Copy to:**   1. **Registrar, CAU** 2. **Dean, College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **(Three copies)** | | | | |