

**POSTGRADUATE MEDICAL CENTER NAWABSHAH**

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**SUPERVISOR'S FEEDBACK FORM  
REGARDING  
PERFORMANCE REPORT OF RESIDENT / TRAINEE OF  
COMMUNITY MEDICINE**



**Peoples University of Medical & Health Sciences,  
Nawabshah, (S.B.A) Sindh**

**PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN**  
**SHAHEED BENAZIRAB**

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BASR/ FILE NO. \_\_\_\_\_

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

**PROGRESS REPORT REGARDING RESEARCH WORK**

01. Name of the candidate \_\_\_\_\_

02. Date of 1st Admission to M.Phil./Ph.D. \_\_\_\_\_

03. Original topic of Research \_\_\_\_\_

\_\_\_\_\_

04. Name of Department/ Institute \_\_\_\_\_

05. Name of Research Supervisor \_\_\_\_\_

06. Number of Research Students working under the supervisor \_\_\_\_\_

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07. Date of Change of topic/ Supervisor (if any) \_\_\_\_\_

08. Date of Submission of 1<sup>st</sup> Progress Report \_\_\_\_\_

09. Number of Research Progress Reports \_\_\_\_\_

10. Whether the Present Progress Report is Satisfactory \_\_\_\_\_

11. Whether the candidate has paid monthly tuition fee up-to-date \_\_\_\_\_

12. Any other remarks by the Research Supervisor \_\_\_\_\_

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HEAD OF DEPTT:

\_\_\_\_\_  
RESEARCH SUPERVISOR

\_\_\_\_\_  
COUNTERSIGNED  
DEAN FACULTY OF BASIC MEDICAL SCIENCE



OFFICE OF THE PROFESSOR / SUPERVISOR, DEPARTMENT OF \_\_\_\_\_  
PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES,  
NAWABSHAH, (S.B.A) SINDH.

PROGRESS REPORT REGARDING COURSE WORK

Name of Candidate: \_\_\_\_\_

Year: \_\_\_\_\_

Sr. No.	DATE & TIME	TOPIC	REMARKS
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RESEARCH SUPERVISOR

\_\_\_\_\_  
COUNTERSIGNED  
DEAN FACULTY OF BASIC MEDICAL SCIENCE