



**Accelerating Higher Education Expansion and Development (AHEAD) Operation**  
Ministry of Education  
79/1, 5<sup>th</sup> Lane, Colombo 3.  
Phone: 011 2329662 FAX: 011 2329660 email: [omst.ahead@gmail.com](mailto:omst.ahead@gmail.com)



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## Progress report

Name of the grantee:

Grant reference number:

Date of award: .....(d).....(m) .....(year)

Time period covered by the Progress Report: From ...../...../.....to .../...../.....

Current mailing address of the grantee:

Email:

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### 1. **General Details:**

- i. Institute where research is being carried out:
  
- ii. The date of registration at the program:
  
- iii. The date of commencement of the studies:
  
- iv. Name(s), address(es) and contact details of supervisor(s):

### 2. **Study details**

- i. Title of the Project:
  
- ii. Objectives of the project
  
- iii. Brief description of research carried out during the reporting period
  
- iv. Results/Observations/Outputs



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- v. Is the work on schedule? If not, give reasons and what actions have/ will been taken
  
  - vi. Brief work plan for the next 6 months
  
  - vii. Publications/Communications arising from the project during the reporting period, if any  
(Please attach copies)
3. Comments regarding project implementation, if any

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*To be filled by the Supervisor*

**4. Comments of the Supervisor**

Please see below a few points that you may incorporate when compiling the Supervisor’s Comment section in the Progress Report.

We expect you to tick the columns and fill the relevant boxes.		
	Yes	No
1. Has the candidate completed the intended study plan for the previous six months?		
2. Has the candidate gained any other skills during this period?		
3. Has the candidate published any abstracts/communications as requirements for the present doctoral study?  Mention the number <input type="text"/>		
4. Whether there are any specific highlights made by the Graduate Research School /Faculty of Graduate Research about this candidate?		
5. How many chapters have already been compiled by the candidate? <input type="text"/>		
6. Will the candidate be able to complete the doctoral study as planned? If not any valid reason?	<input type="checkbox"/>	<input type="checkbox"/>
7. How many more months will the candidate require for the completion of the PhD? <input type="text"/>		
If you have any additional remarks, please add an extra sheet.		

Signature of the supervisor:

Date:

Signature of the Grantee:

Date:



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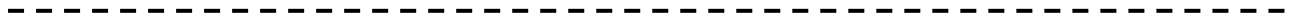
**SIGNATURE OF THE HEAD OF THE DEPARTMENT**

Name:

Signature:

Date:

Rubber Stamp



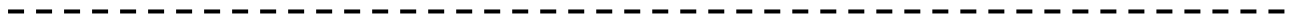
**SIGNATURE OF THE DEAN**

Name:

Signature:

Date:

Rubber Stamp



**SIGNATURE OF THE VICE CHANCELLOR**

Name:

Signature:

Date:

Rubber Stamp