**P.G. FORM- II**

**BIHAR ANIMAL SCIENCES UNIVERSITY**

**PROGRAMME OF COURSE WORK FOR POST GRADUATE STUDENTS**

**To be submitted by HOD in six copies**

To

The DRI-cum-DEAN, Post Graduate Studies

BASU, Patna

The Advisory Committee of Dr. / Mr./Ms.----------------------------------------------

Son/daughter of Shri-----------------------------------------& Smt. -----------------------------

Registration No-----------------------------------------admitted in the Department of -------------**------------------------** in-------------------------program during in the Academic year----------- Semester I/II, after consulting him/her in a meeting, makes the following statements and recommendations:

His/her major field is: ----------------------------------------------------------------------------

His/her fields of specialization: -----------------------------------------------------------------

His/her minor field is: ----------------------------------------------------------------------------

His/her academic qualifications prior to joining this program

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Degree*** | ***Year of passing*** | ***Division*** | ***Aggregate% age of marks or OGPA*** | ***Institution*** | ***Major subject*** |
| B. V. Sc. & A.H. /  B. F. Sc./ B. Tech. |  |  |  |  |  |
| M. V. Sc. / M. F. Sc. /  M. Tech. |  |  |  |  |  |
| Other (Please specify) |  |  |  |  |  |

Relevant course studied at the undergraduate level in major and minor fields:

|  |  |  |  |
| --- | --- | --- | --- |
| Title of the Course | Course No. | Credit Hours | Grade/CPA |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Course studied in major, supporting and minor fields or as deficiencies in Master’s program\*:

|  |  |  |  |
| --- | --- | --- | --- |
| Title of the Course | Course No. | Credit Hours | Grade/CPA |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*This information is to be furnished for Ph.D. students only.

**Courses to be completed by the student:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Course Type*** | ***S. No.*** | ***Course No.*** | ***Title of the Course*** | ***Credit Hours*** |
| (i) Deficiencies to be Completed | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
|  |  | Total: |  |
| (ii) Major subjects | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
|  |  | Total: |  |
| (iii) Minor Subjects | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
|  |  | Total: |  |
| (iv) Supporting subjects | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
|  |  | Total: |  |
| (v) Non-credit courses | 1 |  |  |  |
|  | 2 |  |  |  |
|  | 3 |  |  |  |
|  |  |  | Total: |  |

Signature of the Student-----------------------------

Registration No. --------------------------------------

**ADVISORY COMMITTEE**

**Name Designation & Department Signature**

1. ------------------------ -- ------------------------------ -------------------

(Major Advisor)

2. ------------------------- ------------------------------------- -------------------

3. ------------------------- ------------------------------------- -------------------

4. -------------------------- ------------------------------------- -------------------

5. -------------------------- ------------------------------------- -------------------

(DEAN PG’s Nominee)

Certified that:

1. The courses shown under deficiency, major, supporting and minor field are according to the Academic Regulation.
2. The titles and credit hours shown against each course are correct according to the Academic Regulation.
3. The major and minor fields confirm to those approved and mentioned in the Academic Regulation.
4. The Advisory committee is in accordance with the provision or Academic Regulation.

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(Major Advisor) (Head of the Department)

Forwarded (6 copies) to the DRI-cum-DEAN, Post Graduate Studies, Bihar Animal Sciences University, Patna for approval.

Head

Memo. No. --------------- Department of ---------------------------

(Seal)

For use in the office of DRI-cum-DEAN, Post Graduate Studies.

Approved/ Not Approved

DRI-cum-DEAN, Post Graduate Studies

CC:

1. Registrar, BASU

2. Head, Department of ------------------------------