



**ಕೆಲಡಿ ಶಿವಪ್ಪ ನಾಯಕ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ
«±ÀÉ«zÁâ®AiÄÄ, EgÄÄâÀQì, ²âÀÉÉEUÀÎ
KELADI SHIVAPPA NAYAKA UNIVERSITY OF AGRICULTURAL AND
HORTICULTURAL SCIENCES, IRUVAKKI, SHIVAMOGGA
Directorate of Post Graduate Studies
Proposal for Constitution/Re-constitution of Advisory Committee**

1. Name of the Student and ID No.: _____
2. Contact Number of the Student: _____ E-mail ID.: _____
3. Department and Year of Admission : _____
4. Tentative Title of the Thesis : _____

5. Advisory Committee

Name, designation and complete official address	No. of students for whom working as*				Total	Signature
	Master's		Ph.D.			
Chairperson:	Jr.		I			
	Sr.		II			
			III			
Co-Chairperson : (if required)	Jr.		I			
	Sr.		II			
			III			
Members						
1.	Jr.		I			
	Sr.		II			
			III			
2.	Jr.		I			
	Sr.		II			
			III			
3.	Jr.		I			
	Sr.		II			
			III			
4.	Jr.		I			
	Sr.		II			
			III			

*Advisory committee members need to mention number of students for whom they are Chairperson/ Co-chairperson/ Member including the current proposal.

Reason for re-constitution if applicable: _____

Date:

Chairperson

Forwarded to Dean (Agri.)/ Dean (Hort.)/ Dean (Forestry)

Date:

Head of the Department

Forwarded to Dean (PGS) for further action

Date:

Dean (Agri.)/ Dean (Hort.)
/Dean (Forestry)

Approved and forwarded to the Director of Education for approval
No. Dean (PGS)/ KSNUAHS/ Form-1/.....

Date:

Dean (PGS)

“APPROVED”

Date :

Director of Education

To,
The Registrar, KSNUAHS, Shivamogga for Notification.

Remarks

Registrar

NB: 1. Please submit two copies of Form-1.



ಕೆಲಡಿ ಶಿವಪ್ಪ ನಾಯಕ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ
 «ಶಿವಮೊಗ್ಗ»
 KELADI SHIVAPPA NAYAKA UNIVERSITY OF AGRICULTURAL AND
 HORTICULTURAL SCIENCES, IRUVAKKI, SHIVAMOGGA
 Directorate of Post Graduate Studies
 Plan of Work / Revised Plan of Work

1. Name of the Student and ID No.: _____
2. Department and Year of Admission : _____
3. Date and Time of Meeting : _____
4. Tentative Title of the Thesis : _____

5. Bachelor's degree programme in : _____

6. Advisory Committee:

	Name	Signature
A. Chairperson : _____	_____	_____
B. Co-Chairperson : _____	_____	_____
C. Members present : 1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
D. Members absent : 1. _____	_____	_____

7. Details of courses to be taken

I. Semester (Year _____)

Course No.	Course Title	Credit Hours
	<p>Major compulsory courses</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. <p>Major optional courses</p> <ol style="list-style-type: none"> 1. 2. 3. <p>Minor compulsory courses</p> <ol style="list-style-type: none"> 1. 2. 3. <p>Minor courses</p> <ol style="list-style-type: none"> 1. 2. 3. <p>Supporting courses</p> <ol style="list-style-type: none"> 1. 2. 3. <p>Non-credit compulsory courses/ Common courses</p> <ol style="list-style-type: none"> 1. 2. 	
	Total credits	

II Semester (Year _____)

Course No.	Course Title	Credit Hours
	Major compulsory courses 1. 2. 3. 4. 5. 6. Major optional courses 1. 2. 3. Minor compulsory courses 1. 2. 3. Minor courses 1. 2. 3. Supporting courses 1. 2. 3. Non-credit compulsory courses/ Common courses 1. 2. <u>Others</u> 1. Research	
	Total credits	

III Semester (Year _____)

Course No.	Course Title	Credit Hours
	<p>Major compulsory courses</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. <p>Major optional courses</p> <ol style="list-style-type: none"> 1. 2. 3. <p>Minor compulsory courses</p> <ol style="list-style-type: none"> 1. 2. 3. <p>Minor courses</p> <ol style="list-style-type: none"> 1. 2. 3. <p>Supporting courses</p> <ol style="list-style-type: none"> 1. 2. 3. <p>Non-credit compulsory courses/ Common courses</p> <ol style="list-style-type: none"> 1. 2. <p><u>Others</u></p> <ol style="list-style-type: none"> 1. Qualifying examination 2. Seminar 3. Research 	
	Total credits	

IV Semester (Year _____)

Course No.	Course Title	Credit Hours
	Major compulsory courses 1. 2. 3. 4. 5. 6. Major optional courses 1. 2. 3. Minor compulsory courses 1. 2. 3. Minor courses 1. 2. 3. Supporting courses 1. 2. 3. Non-credit compulsory courses 1. 2. <u>Others</u> 1. Qualifying examination 2. Seminar 3. Research	
	Total credits	

8. Transfer of credits, if any, in case of re-admission

Course No.	Title	Credits

9. Abstract of total credits proposed to be covered

Subject	Minimum credits	No. of credits taken
Major compulsory courses	16	
Major optional courses	04	
Minor compulsory courses	09	
Supporting courses	06	
Qualifying examination	02	
Seminar	02	
Thesis/ Research	16	
Total credits	55	
Non-credit courses/ Common courses	04	

Date:

Signature of the student

Date:

Chairperson

Forwarded to Dean (Agri.)/ Dean (Hort.)/ Dean (Forestry)

Date:

Head of the Department

Forwarded to Dean (PGS) for further action

Date:

Dean (Agri.)/ Dean (Hort.)/Dean (Forestry)

Approved and forwarded to the Director of Education for approval

No. Dean (PGS)/ KSNUAHS/ Form-2/.....

Date:

Dean (PGS)

“APPROVED”

Date:

Director of Education

NB: 1. Please submit three original copies of Form-2.



ಶಿವಪ್ಪ ನಾಯಕ ಲೇಡಿ ಶಿವಪ್ಪ ನಾಯಕ ಕೆಲಡಿ ಶಿವಪ್ಪ ನಾಯಕ ಕೆಲಡಿ ಶಿವಪ್ಪ ನಾಯಕ

ಕೆಲಡಿ ಶಿವಪ್ಪ ನಾಯಕ ಕೆಲಡಿ ಶಿವಪ್ಪ ನಾಯಕ ಕೆಲಡಿ ಶಿವಪ್ಪ ನಾಯಕ

**KELADI SHIVAPPA NAYAKA UNIVERSITY OF AGRICULTURAL AND
HORTICULTURAL SCIENCES, IRUVAKKI, SHIVAMOGGA**

Directorate of Post Graduate Studies

Programme of Research

1. Name of the Student and ID No. : _____
2. Department and Year of Admission : _____
3. Title of the Thesis : _____
4. Detailed Programme of Research : _____
5. Date of Colloquium I : _____
6. Collaboration with other Institutions /
Depts. / Fellow Scientists : _____

Signature of the Student

7. Advisory Committee

- | | Name | Signature |
|--------------------|------------|-----------|
| A. Chairperson | : _____ | _____ |
| B. Co-Chairperson | : _____ | _____ |
| C. Members present | : 1. _____ | _____ |
| | 2. _____ | _____ |
| | 3. _____ | _____ |
| | 4. _____ | _____ |
| D. Members absent | : _____ | |

Forwarded to Dean (Agri.)/ Dean (Hort.)/ Dean (Forestry)

Head of the Department

Forwarded to Dean (PGS) for further action

Dean (Agri.)/ Dean (Hort.)/ Dean (Forestry)

Approved and forwarded to the Director of Education for approval

No. Dean (PGS)/ KSNUAHS/ Form-3/.....

Date:

Dean (PGS)

“APPROVED”

Date :

Director of Education

NB: 1. Please submit three original copies of Form-3 along with duly filled in proforma.

Proforma: Detailed Programme of Research:

1. Title of the Research Programme
2. Brief introduction
3. Objectives of the investigation
4. Brief review of work
5. Methodology employed (detailed programme of work)
6. Any other technical details
7. Schedule of activities
8. Special feature/ expected outcome
9. Collaboration with other departments/ Institutions/Organizations/ Fellow scientist
10. References

Signature of the student

Chairperson

Head of the Department



ಕೆಲಾದಿ ಶಿವಪ್ಪ ನಾಯಕ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ ಕೃಷಿ ಮತ್ತು ಹೂಡಿಕೆ ವಿಜ್ಞಾನಗಳ ವಿಭಾಗ, ಇರುವಕ್ಕಿ, ಶಿವಮೊಗ್ಗ
KELADI SHIVAPPA NAYAKA UNIVERSITY OF AGRICULTURAL AND HORTICULTURAL SCIENCES, IRUVAKKI, SHIVAMOGGA
Directorate of Post Graduate Studies

Proposal for nomination of additional member for qualifying examination

1. Department : _____

2. Names of the candidates who have completed > 75 % of course work and qualified for qualifying examination along with grade point.

Sl. No.	ID no.	Name	CGPA
1.			
2.			
3.			
4.			
5.			
6.			

3. Proposal for nomination of additional (External) member:

Name	Designation and Complete Postal Address with e-mail ID. and Phone number/s
1)	
2)	
3)	
4)	

Submitted to the Dean (PGS), KSNUAHS, Shivamogga for further needful.

Date:

Head of the Department

Dr. _____ is approved for nomination as external examiner

Dean (PGS)



ಕೆಲಡಿ ಶಿವಪ್ಪ ನಾಯಕ ಉನ್ನತ ಕೃಷಿ ವಿಜ್ಞಾನ ಮತ್ತು ಹೂವು ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಇರುವಕ್ಕಿ, ಶಿವಮೊಗ್ಗ

**KELADI SHIVAPPA NAYAKA UNIVERSITY OF AGRICULTURAL AND HORTICULTURAL
SCIENCES, IRUVAKKI, SHIVAMOGGA**
Directorate of Post Graduate Studies

Report of examining committee for the qualifying examination

- Name of the Student and ID No.: _____
- Department and Year of Admission : _____
- Date and Time of Examination : _____
- Result of the Examination (Written/Oral)

Particulars	Maximum marks	Marks obtained	Average (100.00)	Grade point (10.00)
Result of the examination (Written):	100.00			
Result of the examination (Oral):	100.00			

Grade point in word:

- Advisory Committee

	Name	Signature
A. Chairperson :	_____	_____
B. Co-Chairperson :	_____	_____
C. Nominated Additional External Examiner :	_____	_____
D. Members present :	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____
E. Members absent :	_____	

Date:

Chairperson

Forwarded to Dean (Agri.)/ Dean (Hort.)/ Dean (Forestry)

Date:

Head of the Department

Forwarded to Dean (PGS) for further action

Date:

Dean (Agri.)/ Dean (Hort.)/ Dean (Forestry)

Approved and forwarded to the Director of Education for approval

No. Dean (PGS)/ KSNUAHS/ Form-5/.....

Date:

Dean (PGS)

“APPROVED”

Date:

Director of Education

To,

The Registrar, KSNUAHS, Shivamogga for Notification.

Remarks

Registrar

NB: 1. Please submit three original copies of Form-5.



ಕೆಲಾದಿ ಶಿವಪ್ಪ ನಾಯಕ ಉನ್ನತ ಕೃಷಿ ವಿಜ್ಞಾನ ಮತ್ತು ಹೂಡಿಕೆ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ, ಇರುವಕ್ಕಿ, ಶಿವಮೊಗ್ಗ
 KELADI SHIVAPPA NAYAKA UNIVERSITY OF AGRICULTURAL AND HORTICULTURAL SCIENCES, IRUVAKKI, SHIVAMOGGA

Directorate of Postgraduate Studies

Proposal for appointment of external examiners for evaluation of Thesis

1. Name of the Student and ID No. : _____
2. Department and Year of Admission : _____
3. Date of Notification of Candidacy Declaration: _____
4. CGPA : _____
5. Tentative Thesis Title : _____

6. Proposal for Nomination of External Examiner:

Name and Designation	Complete Postal Address	E-mail ID and phone number/s
i)		
ii)		
iii)		

Date :

Chairperson

Submitted to Dean (PGS), KSNUAHS, Shivamogga for further needful.

Date:

Head of the Department

Dr. _____ is approved for nomination as external examiner.

Date:

Dean (PGS)

NB: 1. Please submit two original copies of Form-6.



ಶಿವಪ್ಪ ನಾಯಕ ಲೇಡಿ ಶಿವಪ್ಪ ನಾಯಕ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ
 «ಶಿವಪ್ಪ ನಾಯಕ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ»

«ಶಿವಪ್ಪ ನಾಯಕ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ», ಇರುವಕ್ಕಿ, ಶಿವಮೊಗ್ಗ

**KELADI SHIVAPPA NAYAKA UNIVERSITY OF AGRICULTURAL AND
 HORTICULTURAL SCIENCES, IRUVAKKI, SHIVAMOGGA**

Directorate of Postgraduate Studies

Submission of Thesis for External Evaluation

1. Name of the Student and ID No.: _____
2. Department and Year of Admission: _____
3. Approved Thesis Title : _____

4. Details of Course Credits and Courses Completed:

Course No.	Course Title	Credit Hours	Grade points obtained
	Major compulsory courses		
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		
	Major optional courses		
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	Minor compulsory courses		
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	Minor courses		
	1.		
	2.		
	3.		
	4.		
	5.		

	6. Supporting courses 1. 2. 3. 4. Non-credit compulsory courses/ Common courses 1. 2. 3. 4.		
		Total credits	

5. Seminars Delivered: _____

Sl. No.	Title	Date	Grade Points
1.			
2.			

6. Colloquia Presented: _____

Sl. No.	Colloquia	Date
1.		
2.		

7. Date of Approval

	Original	Revised
a) Plan of Work		
b) Programme of Research		

8. Date of admission : _____

9. Date of Qualifying Examination : _____

10. Whether Candidacy of Student Declared : Yes/No

11. Date of Sending Proposal for Appointment of External examiner : _____

12. Date of Thesis Submission : _____

13. Whether the Thesis is Submitted within the Minimum Duration: Yes/No

Certified that the candidate had fulfilled all the requirements for the submission of the thesis for external evaluation.

Date:

Chairperson
Name and Signature

Forwarded to Dean (Agri.)/ Dean (Hort.)/ Dean (Forestry)

Head of the Department

Forwarded to Dean (PGS) for further action

Dean (Agri.)/ Dean (Hort.)/Dean (Forestry)

“Approved”

Dean (PGS)

NB: 1. Please submit two original copies of Form-7



ಕೆಲಾದಿ ಶಿವಪ್ಪ ನಾಯಕ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ ಕೃಷಿ ಮತ್ತು ಹೂವುಗಳ ವಿಜ್ಞಾನಗಳ ವಿಭಾಗ, ಇರುವಕ್ಕಿ, ಶಿವಮೊಗ್ಗ
ಕೆಲಾದಿ ಶಿವಪ್ಪ ನಾಯಕ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ ಕೃಷಿ ಮತ್ತು ಹೂವುಗಳ ವಿಜ್ಞಾನಗಳ ವಿಭಾಗ, ಇರುವಕ್ಕಿ, ಶಿವಮೊಗ್ಗ

KELADI SHIVAPPA NAYAKA UNIVERSITY OF AGRICULTURAL AND HORTICULTURAL SCIENCES,
IRUVAKKI, SHIVAMOGGA
Directorate of Postgraduate Studies
Result of the Final Viva-Voce Examination

1. Name of the Student and ID No.: _____
2. Department and Year of Admission: _____
3. Approved Thesis Title: _____

4. Names of External Examiner: _____
5. Recommendation of the External Examiner: Recommended/ Not recommended for acceptance
6. Date and time of final Viva Voce :
7. Result of the Examination : Student has secured.....marks out of marks by advisory committee in final viva-voce examination.
The overall grade point of thesis (Research) credit is out of 10.00.
In words: _____

8. Advisory Committee's Approval:

Name

Signature

A. Chairperson : _____

B. Co-Chairperson : _____

C. Members :1. _____

2. _____

3. _____

4. _____

Certified that

- a. One Soft Copy (Both PDF and word format) of the Thesis & Thesis Abstract in both English and Kannada has been handed over in the form of CD/DVD to the Dean (PGS), KSNUAHS, Shivamogga and the copy of the receipt is attached herewith.
- b. One Hard & Soft Copy (PDF) of the Thesis & Thesis Abstract has been handed over to the Head of Department and the copy of the receipt is attached herewith.
- c. One Soft Copy (PDF) of the Thesis has been handed over to the Chairperson of the Advisory Committee and the copy of the receipt is attached herewith.
- d. One Hard & Soft Copy (PDF) of the Thesis has been handed over to the Librarian, KSNUAHS, Shivamogga/ CoH, Mudigere/ CoF, Ponnampet and the copy of the receipt is attached herewith.

Additional soft copy is submitted to the University Librarian by students of campuses other than HQ.

- e. One soft copy (word format) of the Thesis abstract both in English and Kannada has been handed over to the Editor, Communication Centre, KSNUAHS, Shivamogga and the receipt is attached herewith.
- f. **Additional hard and soft copy is submitted to ICAR/Donars (If the student is an ICAR/Donar sponsored scholarship holder.)**
- g. Copy of poster paper with details of the symposium in which it was presented is enclosed/acknowledgment by the editor of the journal for having received/ accepted/ published a paper for publication is enclosed.

Date:

Chairperson

Forwarded to Dean (Agri.)/ Dean (Hort.)/ Dean (Forestry)

Date:

Head of the Department

Forwarded to Dean (PGS) for further action

Date:

Dean (Agri.)/ Dean (Hort.)/ Dean (Forestry)

Approved and forwarded to the Director of Education for approval

No. Dean (PGS)/ KSNUAHS/ Form-8/.....

Date:

Dean (PGS)

“APPROVED”

Date:

Director of Education

NB: 1. Please submit three original copies of Form-8.