



ಕೆಲಡಿ ಶಿವಪ್ಪ ನಾಯಕ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ ಕೃಷಿ ಮತ್ತು ಹೂಡಿಕೆ ವಿಜ್ಞಾನಗಳ ವಿಭಾಗ
«±Àé«zÁâ®AiÄÄ, EgÄÄâÀQì, ²âÀâÉÆUÀÎ»
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 1 | 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 | | | |
| 5. | 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
«±Àé«zÁâ®AiÄÄ, EgÄÄàÀQì, ²àÀéÉEUÀî
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. Master's degree programme in : _____

(Enclose a copy of the marks card)

7. Advisory Committee:

| | Name | Signature |
|--------------------|------------|-----------|
| A. Chairperson | : _____ | _____ |
| B. Co-Chairperson | : _____ | _____ |
| C. Members present | : 1. _____ | _____ |
| | 2. _____ | _____ |
| | 3. _____ | _____ |
| | 4. _____ | _____ |
| | 5. _____ | _____ |
| D. Member absent | : _____ | |

8. 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. | |
| | 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. Others 1. Research | |
| | Total credits | |

III Semester (Year _____)

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

V 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>Others</p> <ol style="list-style-type: none"> 1. Research 2. Seminar | |
| | Total credits | |

VI 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. Others 1. Research 2. Seminar 3. Thesis submission | |
| | Total credits | |

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

| Course No. | Title | Credits |
|------------|-------|---------|
| | | |
| | | |

10. Abstract of total credits proposed to be covered

| Subject | Minimum credits | No. of credits taken |
|------------------------|-----------------|----------------------|
| Major courses | 15 | |
| Minor courses | 10 | |
| Supporting courses | 05 | |
| Qualifying examination | 03 | |
| Seminar | 04 | |
| Thesis/ Research | 38 | |
| Total credits | 75 | |

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.



ಶಿವಮೊಗ್ಗದ ಕೆಲದಿ ಶಿವಪ್ಪ ನಾಯಕ ಕೃಷಿ ಮತ್ತು ಹೂಡಿಕೆ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ

«ಶಿವಮೊಗ್ಗದ ಕೆಲದಿ ಶಿವಪ್ಪ ನಾಯಕ ಕೃಷಿ ಮತ್ತು ಹೂಡಿಕೆ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ»

**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 : To be enclosed with authorized signature
(Proforma enclosed)
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. _____ | _____ |
| 8. Members absent | : _____ | |

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-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



ಶಿವಮೊಗ್ಗದ ಕೆಲದಿ ಶಿವಪ್ಪ ನಾಯಕ ವಿಶ್ವವಿದ್ಯಾನಿಲಯದ ಕೃಷಿ ಮತ್ತು ಹೂಡಿಕೆ ವಿಜ್ಞಾನಗಳ ವಿಭಾಗದ ಅಧ್ಯಯನ ನಿರ್ದೇಶನಾಲಯದಿಂದ, ಇವುಗಳಿಗೆ, ಅರ್ಜಿ ಸಲ್ಲಿಸುವುದು.

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) | |
| 5) | |
| 6) | |

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 ವಿಶ್ವವಿದ್ಯಾನಿಲಯ ಕೃಷಿ ಮತ್ತು ಹೂವುಗಳ ವಿಜ್ಞಾನಗಳ ವಿಭಾಗ, 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

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

| Particulars | Maximum marks | Marks obtained | Average (100.00) | Grade point (10.00) |
|---|---------------|----------------|------------------|---------------------|
| Result of the examination (Written) Part-I | 100.00 | | | |
| Result of the examination (Written) Part-II | 100.00 | | | |
| Result of the examination (Oral): | 100.00 | | | |

Grade point in word:

5. 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.



ಕೆಲಡಿ 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

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) | | |
| iv) | | |
| v) | | |

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.



ಶ್ರೀಮತು ಡಾ. ಕೆ.ಎಸ್.ನಾಯಕರವರ ಅಧೀನದಲ್ಲಿ ಪದವಿ ಪೂರ್ವಕ ಅಧ್ಯಯನಕ್ಕೆ ಸಿದ್ಧರಾದ

«ಶ್ರೀಮತು ಡಾ. ಕೆ.ಎಸ್.ನಾಯಕರವರ ಅಧೀನದಲ್ಲಿ ಪದವಿ ಪೂರ್ವಕ ಅಧ್ಯಯನಕ್ಕೆ ಸಿದ್ಧರಾದ»

**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. | | |
| | Minor courses | | |
| | 1. | | |
| | 2. | | |
| | 3. | | |
| | 4. | | |
| | 5. | | |
| | 6. | | |
| | 7. | | |
| | 8. | | |
| | Supporting courses | | |
| | 1. | | |
| | 2. | | |
| | 3. | | |
| | 4. | | |
| | 5. | | |
| | 6. | | |
| | 7. | | |
| | 8. | | |
| | 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

| | Orginal | 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 ಹೂಡಿಕೆ 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 present | :1. _____ |
| | 2. _____ |
| | 3. _____ |
| | 4. _____ |
| | 5. _____ |
| D. Member absent | _____ |

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 one/two published/accepted research paper is enclosed (NAAS rated not less than_____).

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.