

Annexure - I**Project Proposal No. :****(To be assigned by the RC)**

**School of Interdisciplinary and Trans-disciplinary Studies (SOITS),
Indira Gandhi National Open University
Maidan Garhi, New Delhi- 110068**

PROFORMA FOR APPROVAL OF PROJECT PROPOSAL (MEVP-001)

| | |
|---|------------------|
| Enrolment No. : | Study Centre: |
| | Regional Centre: |
| Name and Address of the Student | |
| Title of the Project | |
| Name and Address of the Supervisor | |
| Is the Supervisor an Academic Counsellor of PGDEOH? | Yes / No |
| If Yes ,Name and Code of Study Centre | |

Signature of Student

Signature of Supervisor

Date:

Date :

Please do not forget to enclose the project proposal and the Bio-data of the Supervisor. In case the complete and signed Bio-Data of the Supervisor (Even if the proposed supervisor is an academic counsellor of IGNOU's PGDEOH Programme) is not enclosed, the proposal will not be entertained

(For Office Use only)

| Project Proposal | Supervisor |
|-------------------------|-------------------|
| Approved | Approved |
| Not approved | Not approved |

Comments/Suggestions if any on the Project Proposal**(Signature of Faculty at RC/SC)**

Annexure-III**CERTIFICATE OF ORIGINALITY**

This is to certify that the project titled "-----
-----" is an original work of the Student and is being submitted in partial fulfilment for the award of the Post-Graduate Diploma in Environmental and Occupational Health (PGDEOH) of Indira Gandhi National Open University (IGNOU). This report has not been submitted earlier either to this University or to any other University/Institution for the fulfilment of the requirement of a course of study.

| | |
|-------------------------|----------------------|
| Signature of Supervisor | Signature of Student |
| Place : | Place : |
| Date : | Date : |

Annexure IV



The remuneration bill has to be submitted after or along with the submission of the Project Report.

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY
STUDENT EVALUATION DIVISION
MAIDAN GARHI, NEW DELHI-110068**

REMUNERATION BILL FOR GUIDANCE OF PROJECT WORK

1. Programme Title: Post-Graduate Diploma in Environmental and Occupational Health (PGDEOH)

2. Name of the Supervisor:

3. Residential Address :

4. Designation :

5. Official Address :

6. Telephone No: Off: _____ Res: _____

| S.NO. | PROJECT | ENROLMENT NO. | NAME OF THE STUDENT(S) | AMOUNT |
|--------------|---------|---------------|------------------------|--------|
| | | | | |
| | | | | |
| Total | | | | |

Certified that I have guided the student(s) for their Project Work.

Dated _____

Signature of the Supervisor

Note: The remuneration payable for guidance of Project Work is as per the University norms.

Certified that the above Project Supervisor was approved and recommended by the concerned school of study and above claim may be admitted.

Dy. Registrar/Asstt. Registrar

Section Officer

Dealing Assistant

Annexure V



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY
STUDENT EVALUATION DIVISION
MAIDAN GARHI, NEW DELHI-110068**

EVALUATION SCHEME FOR PROJECT WORK

| | |
|-----------------------|--|
| Name of the Programme | MA in Environmental and Occupational Health (MAEOH) & PG Diploma in Environmental and Occupational Health (PGDEOH) |
| Course Code | MEVP-001 |
| Name of the Student | |
| Enrollment No. | |
| Project Title | |

Evaluation Scheme

| Details | Maximum Marks | Marks Obtained |
|--|---------------|----------------|
| Introduction (With Objectives & Rationale) | 10 | |
| Review of the literature | 10 | |
| Methodology | 10 | |
| Results and Discussion | 30 | |
| Conclusions | 10 | |
| Viva voce | 30 | |
| Total | 100 | |

Comments if any -----

Date

Signature of the External Examiner

Place

Name & Address:

Annexure VI



The remuneration bill has to be submitted along with the evaluated project report.

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY
STUDENT EVALUATION DIVISION
MAIDAN GARHI, NEW DELHI-110068**

REMUNERATION BILL FOR PROJECT REPORT EVALUATION

1. Programme Title : P G Diploma in Environmental and Occupational Health (PGDEOH)

2. Name of the Evaluator :

3. Residential Address :

4. Designation :

5. Official Address :

6. Telephone No: _____ Off: _____ Res: _____

| S.n0. | Project | Enrolment No. | Name of the student(s) | Amount |
|--------------|---------|---------------|------------------------|--------|
| | | | | |
| | | | | |
| Total | | | | |

Certified that I have Evaluated the Project Report (s) of the above student(s)

Dated _____

Signature of the Supervisor

Note: The remuneration payable for evaluation of Project Report is as per the University norms.

Certified that the above Project Evaluator was approved and recommended by the concerned school of study and above claim may be admitted.

Dy. Registrar/Asstt. Registrar

Section Officer

Dealing Assistant

