

11. Name and Address of the Thesis Supervisor _____

12. Name and address of the Co-Supervisor (if any) _____

13. Time extension (if any) :

a) 1st Time extension (if any) up to: _____

Meeting no. _____ Resolution No. _____ Date : _____

b) Further time extension (if any) up to: _____

Meeting no. _____ Resolution No. _____ Date : _____

Date: _____

Signature of the Student

To be filled up by the Supervisor

14. Expected date of Examination _____

15. Suggested Board of Examiners (with full address) _____

(i) Name _____ (Supervisor) Chairman
Designation _____
Address _____

(ii) Name _____ (Co-Supervisor) Member
(if any)
Designation _____
Address _____

(iii) Head of the Dept./Ins. _____ (Ex-Officio) Member
Designation _____
Address _____

(iv) Name _____ Member
Designation _____
Address _____

(v) Name _____ Member
Designation _____
Address _____

(vi) Name _____ Member
Designation _____
Address _____

(vii) Name _____ Member
Designation _____
Address _____

(viii) Name _____ Member (External)
Designation _____
Address _____

Signature of the Head/ Director

Date: _____

Signature of the Supervisor

Date: _____