

ASSIGNMENT OF FINAL YEAR DISSERTATION SUPERVISOR FOR BS-MS STUDENTS

Full Name:	Roll No.:
Email ID:	Phone No.:
Date of joining:	Department
Proposed Area of Research:	

Details of the proposed final year dissertation supervisor:

Name of the proposed supervisor (and co-supervisor, if any)	Designation, Name of the institute, organisation	Phone number	Email ID	Signature of Supervisor(s)

Note: There will be an evaluation in each semester (9th & 10th) and a letter grade will be awarded to the student as per the score/grade obtained.

(Signature of the student)

Departmental Recommendation

Recommended based on the preferences of the student and faculty.

Name of the Supervisor assigned: _____

Name of the Co-supervisor assigned (if any): _____

_____ (Convener, DUGC)	_____ (HoD/FIC-Department)
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For the Use of Academic Affairs only

The recommendations of the Department were checked and found as per the institute guideline and hereby submitted for approval.

Student is eligible for fee waiver (Yes/No):

Office Assistant	Superintendent	AR/DR	CAA-UG
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Approved/ Not Approved
Dean Academic Affairs

(Consolidated list will be put up to Chairperson, Senate for approval)