

Report of M.Tech./M. Des Thesis/DIIT Project Oral Examination

Name of Student: _____ Roll No.: _____

Department/IDP: _____

Month & Year of first Registration in the Programme: _____ / _____
(month) (year)

Date of Thesis Submission: _____ Date of Oral Examination*: _____

Thesis Title: _____
(in Capitals) _____

Thesis Supervisor(s): _____

Report of the Board: Thesis/Project: Acceptable/Not Acceptable

Oral Examination Committee

Name of Examiners	Department	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

I/We certify that the corrections suggested by the examiners have been incorporated in the thesis.

Thesis Supervisor(s)

Convener, DPGC

Date:

Date:

* Oral examination be scheduled within four months and only after seven days of submission of Thesis.

Office Use Only

Course Units =

Thesis Units =

CPI =

The student has completed the programme

Chairperson, SPGC

Date: