

**INDIAN INSTITUTE OF TECHNOLOGY, KANPUR**  
**Department of Mechanical Engineering**

**DRA Authentication Form**

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For the Month of ..... 20\_\_, the DRA work of

Mr. / Miss..... Roll No..... is

**Satisfactory**

**Partially Satisfactory**

**Not Satisfactory at all**

Name of Faculty:.....

Date: .....

Signature: .....

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**To be submitted to ME Office before 18<sup>th</sup> of each month by the student**

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