

**Report of MTech/MDes/MS(By Research) Thesis 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: