



11. Expected date of Examination-----

12. Suggested Board of Examiners (with full address) -----

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

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

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

(iv) Name ----- Member  
Designation -----  
Address -----

(v) Name ----- Member  
Designation -----  
Address -----

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Signature of the Supervisor  
Date-----  
Name-----

-----  
Signature of the Head/Director  
Date: -----  
Name-----

Approval/Comments of the Vice-Chancellor:

Date: -----

1. Name of the student:----- Status: -----  
(Block Letters) Full-Time  
Part-Time  
Roll No.----- Session -----Dept./Inst.-----
2. Date of first enrolment: -----Name of the Program:-----
3. Scheduled date of completion : -----G. P. A.-----
4. Name of the Supervisor: -----Designation: -----
5. Project Title -----  
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6.  
(a) Time extension ( if any) up to -----  
Approved by the CASR Meeting No-----Resolution No. ----- Date:-----
- (b) Further time extension (if any) up to -----  
Approved by the CASR Meeting No-----Resolution No. ----- Date:-----
7. Project proposal approved by the CASR Meeting No. -----  
Resolution No. ----- Date:-----
8. BPGS/RAC Meeting No. -----Resolution No.-----Date :-----

**N.B. List of the courses completed, with grades, must be enclosed.**