

BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE, PILANI
K.K.BIRLA GOA CAMPUS
ACADEMIC GRADUATE STUDIES & RESEARCH DIVISION (AGSRD)
FIRST/SECOND SEMESTER 201 -201
ON CAMPUS HIGHER DEGREE RESEARCH PRACTICE

Date

Student Name: _____

ID No: _____

Email: _____

Mobile No: _____

Department: _____

CGPA: _____

Title of the proposed thesis work _____

Name of the Proposed Supervisor: _____

Department of the Proposed Supervisor: _____

E-mail Address of the proposed Supervisor: _____

Signature of Student

Name & Signature(/d) of Proposed Supervisor

Name & Signature(/d) of HOD