Form- A

(Application for Off-campus Thesis/ Dissertation; to be submitted to concerned HOD)

Thesis	Signa Permitted to apply	ture ======
	Signa 	ture ======
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Recommendation	n of Co-guide with comments indicating the ne	
ID NO:	Name: Signat	
G. Summary of wo	ork to be carried out with expected deliverables:	
F. Broad area of p	proposed work:	
E. Name of the pro	oposed co-guide (A BITS, Pilani faculty):	
D. Full address wit	th Email & Phone No.:	
	_	
	sed auide:	
C. Name of propos	o	
	ch collaboration with this organization: YES / No	O .