# MS/MPhil Thesis Proposal Defense Requisition Form

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| --- |
| Date:  Student Name: \_\_\_ Reg. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area of Research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Research Title:    Student’s Signature\_\_\_\_\_\_\_\_\_\_\_  **Supervisor/s :**  Principle supervisor Name: Co-supervisor Name: (if any)  Signature: Signature: |

**Director PGS**

**Dean**

**MS/MPhil Coordinator /HoD**

***Proposal Defense Panel Members are:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***S.No.*** | ***Expert Name*** | ***University Address*** | ***Email*** | ***Contact No.*** |
| ***01*** |  |  |  |  |
| ***02*** |  |  |  |  |
| ***03*** |  |  |  |  |
| ***04*** |  |  |  |  |

***MPhil/MS proposal defense will be held on at in***

***Date Time Venue***

**Vice Chancellor**