# MS/MPhil Proposal Defense Approval from ASRB

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| Date: Student Name: Registration No:  |
| Field of Study: Area of Research: Research Title­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor/s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Committee:****MS Coordinator/HoD:** Name: \_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Dean:** Name: \_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Subject Expert** (if any): Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation:\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_**Graduate Office Rep**: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation:\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_*Note: Though it will be an open defense the quorum is at least three members from above* |

**For Official Use**

**The above mentioned student has successfully defended his/her MPhil proposal and his/her name is recommended to Board of Advanced Studies & Research for approval.**

**Supervisor/s:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: Signature:**

**MS/PhD Coordinator/HoD: ……………………**

**Approved by the \_\_\_\_\_ Board of Advanced Studies & Research in its meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director PGS**

**HoD**

**Dean**