



## Thesis Registration Form

Date: .....

Student Name: \_\_\_\_\_

Reg. No: \_\_\_\_\_

Department \_\_\_\_\_

Field of Research: \_\_\_\_\_

Area of Research: \_\_\_\_\_

No. of courses passed: \_\_\_\_\_

CGPA: \_\_\_\_\_

Semester applied for: \_\_\_\_\_

Course Code	Course Title	Credit hours	Approved

\_\_\_\_\_  
MS/MPhil Coordinator/HoD

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Director PGS