
Name of Student: _____________________________________________ Roll No.: ________________

Department/IDP: ______________________________________________________________________

Month & Year of first Registration in the Programme: ____________________/______________________

(month) (year)

Date of Thesis Submission: ______________________ Date of Oral Examination*: ________________

Thesis Title: __________________________________________________________________________

(in Capitals) __________________________________________________________________________

Thesis Supervisor(s): ___________________________________________________________________


Oral Examination Committee

<table>
<thead>
<tr>
<th>Name of Examiners</th>
<th>Department/Disc./Affiliation</th>
<th>Signature</th>
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I/We certify that the corrections suggested by the examiners have been incorporated in the thesis.

Thesis Supervisor(s) Convener, DPGC

Date: Date:

* Oral examination be scheduled within four months and only after seven days of submission of Thesis.

Office Use Only

Course Units = Thesis Units = CPI =

The student has completed the programme

Chairperson, SPGC
Date: