
Name of Student: _____________________________________________ Roll No.: __________________

Department: ______________________________________________________________________________

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</th>
<th>Signature</th>
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Thesis Supervisor(s) Convener, DUGC
Date: ______________ Date: ______________

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

The student has completed the programme

Chairperson, SUGC
Date: ______________