

ASSIGNMENT OF FINAL YEAR DISSERTATION SUPERVISOR FOR BS-MS STUDENTS

Department of.....

Name: Roll No.:.....

Phone No.:.....Email address:.....

Date of joining BS-MS Program:.....

Proposed Area of Research:

Details of the proposed final year dissertation supervisor:

Name of the proposed supervisor (and co-supervisor, if any)	Designation and Affiliation	Contact details (phone and email)	Signature of Supervisor(s)

(Signature of the student)**Departmental Recommendation**

Recommended based on the preferences of the student and faculty.

Name of the Supervisor assigned: _____

Name of the Co-supervisor assigned (if any): _____

(Convener, DUGC)_____
(HoD/FIC-Department)**For Use of Academic Section**

The recommendations of the Department were checked and found as per the institutional guideline and hereby submitted for approval.

Assistant Registrar (Academics)

Approved/Not Approved

Dean Academic Affairs