



RESEARCH PROPOSAL DEFENCE PROFORMA – MS/M.Phil

FACULTY: _____ **DEPARTMENT:** _____

Name of Student: _____ Registration No: _____

CGPA: _____ Date of Enrolment: _____

Thesis Title: _____

Field of Specialization: _____

ATTEMPTS:

1st

2nd

STATUS:

Approved

Approved with Changes

Not Approved

GRADUATE ADVISORY COMMITTEE (GAC)

1. SUPERVISOR: _____
(Name) (Signatures)

2. CO-SUPERVISOR: _____
(Optional) (Name) (Signatures)

3. EXTERNAL MEMBER: _____
(Name) (Signatures)

4. SUBJECT EXPERT: _____
(Optional) (Name) (Signatures)

5. HOD: _____
(Name) (Signatures)

6. DEAN: _____
(Name) (Signatures)

7. PROGRAM COORDINATOR (Secretary) _____

Date: _____