



PROFORMA FOR THESIS DEFENCE COMMITTEE (TDC) – MS/M. Phil

FACULTY: _____ **DEPARTMENT:** _____

Faculty:		Department	
Name of Student:		Registration No.	
CGPA:		Date of Enrolment	
Expiry of Maximum Time:		Field of Specialization	
Thesis Title			

S#	Designation	Name	Signature
1	Supervisor		
2	External Examiner		
3	Internal Examiner		
4	Director Examinations		
5	Director QEC		
6	Director Academics		
5	Coordinator		
6	Head of Department		
7	Concerned Dean (Chair)		

Date: _____