



MS/MPhil Thesis Proposal Defense Requisition Form

Date: _____

Student Name: _____ Reg. No.: _____

Field of Study: _____

Area of Research: _____

Research Title: _____

Student's Signature _____

Supervisor/s :

Principle supervisor Name: _____

Co-supervisor Name: _____ (if any)

Signature: _____

Signature: _____

MPhil/MS proposal defense will be held on _____ at _____ in _____
Date Time Venue

Proposal Defense Panel Members are:

S.No.	Expert Name	University Address	Email	Contact No.
01				
02				
03				
04				

MS/MPhil Coordinator /HoD

Dean

Director PGS

Vice Chancellor