

BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE, PILANI
K.K. BIRLA GOA CAMPUS
ACADEMIC RESEARCH DIVISION
FIRST/SECOND SEMESTER 201 -201
ON CAMPUS HIGHER DEGREE DISSERTATION/RESEARCH PRACTICE /FIRST
DEGREE THESIS REGISTRATION

Date

Student Name: _____

ID No: _____

Email: _____

Mobile No: _____

Department: _____

CGPA: _____

Title of the proposed thesis work _____

Name of the Proposed Supervisor: _____

E-mail Address of the proposed Supervisor: _____

Signature of Student

Signature of Proposed Supervisor

Signature of HOD