



Birla Institute of Technology & Science, Pilani

K K Birla Goa Campus

Academic Graduate Studies & Research Division (AGSRD)

OFF CAMPUS HIGHER DEGREE DISSERTATION REGISTRATION FORM

FIRST/SECOND SEMESTER 20..... – 20.....

Form- A

Date:

[To be filled by student for seeking permission for **Off-campus THESIS/DISSERTATION** and to be submitted to concerned HOD]

- Name of proposed guide:
- Name of the department:
- Full address (Institute's name, address, Email & Phone No. of the guide):
- Name and department of proposed co-guide (A BITS, Pilani faculty):
- Name of host organization/university:
- Summary of work to be carried out (you may attach separate sheet, if required):
- Why this work is not possible at BITS Pilani, K K Birla Goa campus?:
- Financial assistance being offered: Full /Partial/ No(Please tick the right one)
- If Yes, how much (in INR) per month?
- Have you done thesis in the previous semester? Yes / No. [Tick the correct option]
- If yes, provide the details of the earlier thesis station, else leave it blank.

Name	
Place	
Supervisor's name, Email ID	

Student information:

Name: _____ ID NO: _____ Department: _____

Email: _____ Signature (with date): _____

Note: Student needs to provide all information which is being asked in the form.



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FORM-B

Date:

[To be signed by off-campus thesis supervisor, on-campus guide, HOD and Associate Dean, AGSRD and to be submitted to the HOD by the student]

I hereby agree to guide **Mr/Ms** _____ **ID No:** _____

on the **topic/title** _____

Internship/ Thesis Date: From _____ to _____

I have obtained necessary permissions from my organization for guiding student from BITS Pilani and will follow the guideline regarding evaluation components and grade submission.

(Signature of off-campus supervisor)

Name of off-campus supervisor:

Name of the Department:

Name of the University / Research Organization:

Email address of the off-campus supervisor:

Phone No of off-campus supervisor:

Complete Postal address:

Date:

For Official Use

Name & signature (/d) of on-campus co-guide

Name & Signature(/d) of HOD

Name of the department:

Name of the department:

Associate Dean (AGSRD)