



THESIS CHECKLIST

Name _____ Father's Name _____ Roll No. _____

Reg No. _____ Class _____ Session _____

Department _____ Degree Period from _____ to _____ Date _____

Thesis Title.....

Supervisor.....

Last date of Final Semester Exam.....

Applicant's Signatures

- | | |
|---|----------|
| 1. Thesis fee deposited..... | Yes / No |
| 2. Over period permission attached (if required)..... | Yes / No |
| 3. Thesis format approved by DAS & Signed..... | Yes / No |
| 4. Supervisory report attached..... | Yes / No |
| 5. Thesis deposited in three copies..... | Yes / No |
| 6. BOS approval & minutes attached..... | Yes / No |
| 7. M.Sc./ BS (H) Thesis deposited with in 60 days from the last paper of theory of last semester..... | Yes / No |
| 8. MS / M Phil Deposited with in 1 year after Advance Studies & Research Board synopsis approval..... | Yes / No |
| 9. Semester Fee attached (if over paid) paid..... | Yes / No |
| 10. List of external examiners approved by BOS attached..... | Yes / No |

Signatures
Supervisor's Name
Designation

Chairperson
Department of.....
(with stamp)

Verification

Thesis verified as per general check list and forwarded for further evaluation process.

Recommended / Not recommended

Signatures of Dealing Person

Incharge Conduct Branch