**GUIDANCE & EXAMINATION COMMITTEE MEMBERS’ RESPONSES**

(Must be type written)

1. **Student Particulars**

a. Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. Regn No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Thesis Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2**.** Please tick the appropriate box while answering the following questions regarding the MS Thesis received on (date\*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Acceptable in its present form
  2. Acceptable with minor revision (Re-evaluation NOT required)
  3. Unacceptable for MS degree (Re-evaluation required)

3. **COMMENTS / REPORT ON THESIS**

Name of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_