

Report of State of Art Seminar

Name of Student: _____ Roll No.: _____

Department/IDP: _____

Month & Year of first Registration in the Programme: _____ / _____
(month) (year)

Date of passing Comprehensive Examination: _____

Date of Delivery of Seminar*: _____

Topic of Seminar: _____

Thesis Supervisor(s): _____

Comments: _____

The candidate delivered the State of Art Seminar satisfactorily.

Thesis Supervisor(s)

Date:

DPGC Representative

present in the seminar

Convener, DPGC

Date:

Chairperson, SPGC

Date:

* In case the seminar was delivered after the expiry of maximum stipulated period of six months from the date of passing comprehensive examination, the reasons for delay be given (unless an extension was obtained)