



# SHRI G.S.INSTITUTE OF TECHNOLOGY & SCIENCE, INDORE

Form for the submission of thesis in the PG section and onward transmission to examination section.

NO./PG./20..../.....

Date : .....

Enrollment no. : ..... (GATE / NON GATE/GPAT/NON GPAT)

Department : ..... Specialization .....

Name of student : .....

Father's name : .....

Permanent address : .....

of applicant : .....

State.....Pin.....

Mobile no : .....

Date of 1<sup>st</sup> admission to this institute.(1<sup>st</sup> sem) : .....Challan No (1<sup>st</sup> sem).....

\*Date of Submission of thesis:.....Challan No.....

Title of the thesis:.....

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.....

.....

.....

Guided by .....

I hereby declare that the above details given by me are correct.

Date : .....

Signature of the student

Enclosure:

1. PG student must submit 2 copies# of the thesis.
2. A Soft copy of thesis in sealed CD which is checked by antiplagiarism software duly counter signed by the student , is to be given to the internal supervisor.
3. Photocopies of Mark sheet of all semesters of the PG Program and 4<sup>th</sup> semester fees Challan are to be enclosed.

SIGNATURE OF SUPERVISOR

FORWARDED BY HEAD OF DEPTT.

\* Special permission VC- R.G.P.V. is to be attached if student has completed 5 years.

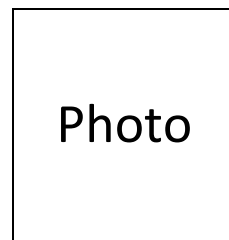
# Student has to bring his own copy at the time of viva-voce and give 1 copy to Supervisor.



**SHRI G.S.INSTITUTE OF TECHNOLOGY & SCIENCE, INDORE**  
(A Government Aided Autonomous Institute affiliated to RGPV,Bhopal)

**Attestation Form**

Class Roll No..... EXAM.....  
 Enrollment No.....  
 Department.....M.E./M.Tech./M.Pharma./M.Sc .....



Photo

1. (A) Full name of the Applicant :Shri/Smt/Kum.....

In Hindi

English (in block letters) :Shri/Smt/Kum.....

(B) Contact address of applicant : .....

(C) Mobile No : .....

1. Father's name/Husband's name : .....

2. Mother's name : .....

3. Title of the thesis.....

Date of submission of thesis:-.....

Signature of the Applicant

SUBJECT CODE	DATE OF VIVA	SIGNATURE OF THE CANDIDATE AT THE TIME OF VIVA VOCE

.....  
INTERNAL EXAMINER

.....  
HEAD OF DEPT.

.....  
EXTERNAL EXAMINER

To,

**The Controller**

**Above Student has deposited the exam fee of Rs.....vide challan no..... dated.....**

**Enclosure: forwarded herewith.**

1. One copy of thesis each for HOD & Central Library.
2. All Semester Mark sheets & Final Semester Fees Challan.

**Registrar**



# SHRI G.S.INSTITUTE OF TECHNOLOGY & SCIENCE, INDORE

(A Government Aided Autonomous Institute affiliated to RGPV, Bhopal& DAVV Indore)

Panel for appointment of Examiners for Thesis Viva-voce

**M.E./M.Tech./M.Pharma./M.Sc.(Applied Sciences)**

Endt. No. PG/exam/thesis/Session/20..../.....

Date of Submission .....

To,

The Head.....Deptt, SGSITS Indore with a request to send the panel of examiners (three examiners only) to the Chairman, Exam Committee, SGSITS, Indore.

Registrar

Name of candidate : .....

Department : .....

Title of the thesis : .....

: .....

: .....

Name of Internal Examiner : .....

Name of External Examiner : .....

Sr. No.	Name & Address of Examiner with Pin code	Qualification	Designation
1.			
2.			
3.			

Signature of Exam Sub. Committee:

1..... 2..... 3.....

Members of Institute Examination Committee:

1..... 2..... 3.....

DEAN (ACADEMICS)

CHAIRMAN EXAM COMMITTEE