



INDIAN INSTITUTE OF TECHNOLOGY INDORE
(Form-MSRTS-1)
**FORM FOR SUBMITTING SYNOPSIS AND SOFTBOUND COPY OF
MS (RESEARCH) THESIS**

Roll No.: _____

Date: _____

Name in English: _____

Name (in Hindi) _____

(The name must match that written on the qualifying degree certificate)

Date of Joining the MS (Research) Program: _____

Discipline: _____

Category of admission (TA/ SW/ IS/ DF): _____

Title of the thesis (please write in legible letters. The title written here should exactly match the one written on the Thesis): _____

Postal address for communication: _____

Email address: _____

Phone No.: _____

Name of Thesis Supervisor(s): 1. _____

2. _____

External Supervisor (if any): 1. _____

In case of a candidate whose registration expired beyond TWO years from the date of registration for MS (Research) please state:

Whether extension has been granted: Yes / No

If yes, then the date up to which extension has been granted: _____

Academic Office Letter(s) (reference numbers and dates): _____

1. All the copies of the thesis submitted have been prepared strictly in accordance with the norms for MS (Research) Thesis of IIT Indore.

Signature of the Student (with date)

Remarks/ Recommendations of the Thesis Supervisor(s) authorizing the Academic Office to receive _____ copies of the Thesis. *(Number of copies of thesis to be submit 1 + no. of supervisor(s))*

Name and Signature of Supervisor (with date): 1. _____

Name and Signature of Supervisor (with date): 2. _____

Name and Signature of Supervisor (with date): 3. _____

FOR OFFICIAL USE ONLY

The above MS (Research) Synopsis and Thesis has been submitted to this Academic Office, along with the clearance forms and an attested copy of the qualifying degree certificate on _____ (date).

Signature of the Staff of Academic Office

Name of the staff member

The above MS (Research) Thesis was received in the Academic Office on _____ (date).

Signature of the Dealing Assistant (with date)

Signature of JR/ DR/ AO, Academics Affairs (with date)