



INDIAN INSTITUTE OF TECHNOLOGY INDORE

Form MSRTS-3

Evaluation Report of the Examiner for Award of MS (Research) Degree

1. Name of the Student:
 2. Roll Number:
 3. Discipline/ School:
 4. Title of the MS (Research) Thesis:
 5. Date of Thesis Submission:
 - 5 (a) Date of REVISED Thesis Submission:
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Recommendation of the Examiner

Please tick ONLY ONE option of the following four options and strike out remaining three. Detailed remarks corresponding to your recommendation as per the options A, B, C, or D may be given in the following pages.

(A) The thesis in its present form is satisfactory for the award of the MS (Research) Degree.

(B) The thesis is recommended for the award of the MS (Research) degree subject to the clarification of my queries / comments before the MS (Research) Oral Examination Board. If the MS (Research) Oral Examination Board deems it appropriate, the same may be incorporated in the thesis based on the discussions during the viva-voce examination. The revised thesis need not be sent to me.

(C) The thesis needs to be revised as per my suggestions enclosed and the thesis be sent for re-evaluation.

(D) The thesis be rejected.

Signature of the Examiner (with date)

Name and Address of the Examiner:

Please give your detailed report for the option recommended by you. You may use additional sheets, if required.

DETAILED REPORT for the Option the _____ (Mention out of A/B/C/D)

My detailed comments for the option recommended by me are as follows:

Signature of Examiner (with date):
Name of the Examiner: