



PROPOSED AREA OF INTEREST / TOPIC PROFORMA

Name of Student: _____

Registration No: _____

Department: _____

Program: _____

Batch: _____

Semester: _____

Proposed Area of Interest / Topic: _____

Student Signature

TO BE FILLED BY THE INSTITUTE OR OFFICE

Head of Department

Proposed Supervisor Name: _____

Proposed Co-Supervisor Name: _____

Remarks (if any): _____

For Official Use