

THESIS/PROJECT TITLE AND INFORMATION FORM 2020

Name of the student:

Hall:	B.Sc. Exam Roll:	M.Sc. Exam Roll:
-------	------------------	------------------

Cell phone No.:	E-mail Address:
-----------------	-----------------

M.Sc. Class Roll:

Tick the proper box:

Thesis

☐

Project

☐

Name of supervisor:

Thesis/Project Title:

A very short description of the thesis/project (Optional):

Students Signature: _____

Supervisor's Signature _____

Date: _____

Date:

PS: Please submit this form on or before 19-02-2020.