**GUIDANCE & EXAMINATION COMMITTEE MEMBERS’ RESPONSES**

(Must be type written)

1. **Student Particulars**

 a. Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. Regn No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 d. Thesis Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2**.** Please tick the appropriate box while answering the following questions regarding the MS Thesis received on (date\*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Acceptable in its present form
	2. Acceptable with minor revision (Re-evaluation NOT required)
	3. Unacceptable for MS degree (Re-evaluation required)

3. **COMMENTS / REPORT ON THESIS**

Name of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_