

Evaluation Form for ME / MS (Initial Seminar)

PARTICULARS

Roll No. _____

Date: _____

Name: _____

Supervisor: _____

Co-Supervisor: _____

Title of Research Proposal:

EVALUATION

Max. 10 Marks for each

- | | |
|--|-------|
| a. The latest findings in the research conducted already by other scholars related to the proposed research work if any (Citation, references and literature review. | _____ |
| b. New aspect(s) to be covered | _____ |
| c. Ultimate utility of the proposed research work | _____ |
| d. Presentation and defense of proposed research proposal | _____ |

RECOMMENDATIONS

- | | | |
|--|------------------------------|-----------------------------|
| 1. Proposed research topic be approved and allowed for registration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Seminar be repeated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SUGGESTIONS / COMMENTS (IF ANY):

External Internal AS&RB Member

Signature: _____

Name: _____