

Report of State of the Art Seminar

Name of the Student: _____ Roll No.: _____

Department/IDP: _____

Month & Year of First Registration in the Programme: _____ / _____
(Month) (Year)

Date of Passing the Comprehensive Examination: _____

Date of Delivery of SOTA Seminar*: _____

Topic of the Seminar: _____

Thesis Supervisor(s): _____

The candidate delivered the State of the Art Seminar satisfactorily

Comments, if any: _____

Thesis Supervisor(s)

Date:

DMC Member(s)

Present in the Seminar

Convener, DPGC

Date:

Chairperson, SPGC

Date: