

Form- A

Application for Off-campus Thesis

(to be submitted by the student to concerned Convener, DRC)

- A. Name of organization:
- B. Is there research collaboration with this organization : YES / NO
- C. Name of proposed guide:
- D. Full address with Email & Phone No.:

- E. Name of the proposed co-guide (A BITS, Pilani faculty):
- F. Broad area of proposed work:
- G. Summary of work to be carried out with expected deliverables:

ID NO:

Name:

Signature

Recommendation of Co-guide with comments indicating the need of off-campus Thesis

Signature of co-guide

Permitted to apply

(HoD)

(Associate Dean, PS)
