

**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE, PILANI
HYDERABAD CAMPUS
ACADEMIC - UNDERGRADUATE STUDIES DIVISION**

FIRST/SECOND SEMESTER (20 - 20)

Pre-Registration Form for First Degree Thesis

Date:

Name of the Student _____ ID No.

_____ Discipline _____

Course No.: _____ No. of units intending to register for (9 to 16): _____

Broad area (brief):

E-mail ID: _____

Phone Number: _____

Contact details of the Supervisor (BITS Pilani, Hyderabad Campus):

Name of Supervisor _____

Name of Co-Supervisor (if any) _____

Signature of the Student

Signature of the Supervisor

Signature of the Co-supervisor

Recommendation of HoD:

Signature of HoD

Name: