**Conversion of project fellow to Institute fellowship**

To

The Associate Dean

Academic-Graduate Studies and Research Division

BITS Pilani, Hyderabad Campus

We are forwarding herewith the recommendations for Conversion of project fellow toInstitute fellowship for following candidate for your kind perusal and necessary action. The details are given below.

Name of the Student: ID No.:

Sponsoring Agency:

Title of the project:

Duration of the project:

Project start date: End date:

Date of admission into the PhD Programme:

Duration of the PhD tenure period supported by project funding: year(s) month(s)

Date of supporting from Institute fellow:

Recommendations by Supervisor:

Supervisor

Name:

Recommendations/comments by DRC:

Signature of DRC Convener Signature DRC Chairperson

Name Name :

Recommendations of the Associate Dean, SRCD:

Associate Dean, SRCD

Name:

 Approved/Not Approved

Associate Dean, AGSRD