Format of the Cover/Title page of the Dissertation

(Title of the Dissertation)



(Name and Designation of Co-supervisor)

BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE, PILANI HYDERABAD CAMPUS

(Date)

Format of `Certificate from the Supervisor'

CERTIFICATE

This is to certify that the Dissertation e	ntitled "
	" and submitted by
ID No	in partial fulfillment of the requirement of BITS
G562/563T/564T/629T. Dissertation em	bodies the work done by him/her under my supervision.
Signature of the Supervisor	Signature of the Co-supervisor
Name	Name
Designation	Designation
Date:	Date:

BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE, PILANI HYDERABAD CAMPUS ACADEMIC GRADUATE STUDIES AND RESEARCH DIVISION

SECOND SEMESTER 2024 - 25

MID SEMESTER EVALUATION FORM- BITS G562/563T/629T DISSERTATION

		RS (TO BE FILLED BY STUDEN Name of Student			•
Title of Disse	rtation_				
No. of units r	egistere	d			
Section II EV	ALUATIC	ON DETAILS (TO BE FILLED BY	'SUPERVISOR)		
	S.No.	Evaluation Component	Max. Marks	Marks awarde	d
	1.	Viva –I	05		
	2.	Mid. Sem. Presentation	10		
	3.	Mid. Sem. Written Report	10		
		Total	25		
	y (NC/I, : s)	semester grade (A/A-/B/B-/ See Academic Regulation 4.12	· · · · ·		_
Names of: Examiner 1		Examiner 2	Supe	ervisor C	o- Supervisor
Signatures of: Examiner 1		r 1 Examiner 2	Supe	ervisor C	o- Supervisor
NB: Superviso		announce the mid semester	grades to his/h	ner student direct	ly and return

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END SEMESTER EVALUATION FORM: BITS G562/563T/629T DISSERTATION

ID No.		Name of Student						
Title of Dissert	tation							
I. Evaluation								
	S.No.	Evaluation Component	Max. Marks	Marks award	ed			
	1.	Viva –I	05					
	2.	Mid. Sem. Presentation	10					
	3.	Mid. Sem. Written Repor	t 10					
	4.	Viva – II	15					
	5.	Final Thesis Report	25					
	6.	Final Viva	35					
		Total	100					
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Work Progress		hievement	A / A- / B / B- / C	C/C-/D/F				
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Documentation	-		A/A-/B/B-/C/C-/D/E					
Initiative and			A/A-/B/B-/C/C-/D/E					
Punctuality		,	A/A-/B/B-/C/C-/D/E					
Reliability			A / A- / B / B- / C / C- / D / E					
Date: Semester	-							
Names of: Exar	miner 1	Examiner 2	Supervisor	Co- Sup	ervisor			
Signatures of: I	Examine	er 1 Examiner 2	Supe	rvisor	Co- Superviso			

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SECOND SEMESTER 2024 - 25

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	Name of S	upervisor:			
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Date:		/ _ / / / /		Signature of Student	
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	1	Name of Faculty		Group/Div./Onit	
	2				
 Date:		Signature o	 of Supervisor	Signature of Co-Superviso	or

Higher Degree Dissertation Project Outline (Attach extra sheet if necessary)

Aim or objective of the project work	::	
Background of work:		
Plan of work:		
Bibliography and References:		
Signature of student	Signature of Supervisor	Signature of Co-Supervisor

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I.

Date:

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Name of stu	dent_						10	No.	Supervisor									
Hostel		R	oom	No														
II. Atte	ndan	ce (St	uden	it to s	ign hi	is init	ials)											
Month	DATES								Total working days	Days absent								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
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Note: Supe	rviso	r ma	y de	cide	to k	eep	this	sheet	with	him	or	with	the	Grou	ıp/Di	visior	n office (ir	 າ

Signature of Supervisor

consultation with the incharge and ask the student to sign on each working day before a particular specified time. This sheet should be returned to DRC/HOD along with the Final Evaluation Form.