

(TO BE SUBMITTED BY EVERY POSTGRADUATE STUDENT EVERY SIX MONTHS)

**ADVISORY COMMITTEE MEETING**

Name of the student  
(Capital letters

Semester :

Registration No.

Major Subject:

Name of Major Advisor:

Name of Department :

Name of College :

Venue:

Date:

Time:

Work load of Theory

S.No	Course code	Title of courses	Cr.hrs.
1			
2			
3			
4			
5			
6			
7			
8			

Title of Thesis

Research work carried out in the present semester

PTO

Postgraduate form-1

Work to be carried out in the next semester

Signature of the student

Name of the committee members

1

Signature

:

2

:

3

:

4

:

5

:

To be submitted in triplicate to Dean PGS

Dean Post Graduate Studies