



INDIAN INSTITUTE OF TECHNOLOGY MANDI

MANDI- 175 001 (H.P.), INDIA

www.iitmandi.ac.in

M.S. Thesis Evaluation Report

Name of the Scholars :

Roll No. :

Title of Thesis :

Strength of the Thesis:

Weaknesses of the Thesis

Questions to be asked during the Thesis Defense

Name of the Examiner:

Signature (with date): _____



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RECOMMENDATION ON M.S. THESIS

Name of the Scholar:

Title of the Thesis:

Please send detailed report on the Thesis on separate sheet, and specify recommendation by ticking any one of the following.

The **Thesis be accepted** for award of M.S. Degree

Or

The Thesis is acceptable subject to clarification of **certain points at the time of viva-voce**
(Please enclose list of the points)

Or

The Thesis is acceptable subject to modification /clarification/revision (Please enclose your suggestions for the modification etc. desired) after modification **the Thesis should not be referred back to me for final assessment.**

Or

The Thesis is acceptable subject to modification /clarification/revision (Please enclose your suggestions for the modification etc. desired) after modification the Thesis should **be referred back to me for final assessment.**

Or

The Thesis be rejected (Please enclose your comments)



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DETAILED REPORT OF THE M.S. THESIS

Name of the Scholar :

Title of the Thesis :

Name of the Examiner:

Designation:

Signature (with date): _____

Institute/Organization:

Contact No.:

Email_ID:



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REMUNERATION BILL FOR EXAMINER OF M.S. THESIS

I. For use of the examiner:

To
Associate Dean (Research)
Indian Institute of Technology Mandi
Mandi (H.P.) - 175001, H.P., India

Please arrange payment of an amount of **Rs. 4000/-** as my remuneration for adjudicating of the M.S. Thesis entitled:

Submitted by:

The detail of bank account is given below for payment through electronic transfer:

Name (as per bank account):

Account No:

Name of the Bank:

Name of the Branch & Branch Code:

IFSC Code:

PAN No.:

Date:

Name and Signature:

Address and Phone No.:

II. For the use of the Academic Section:

Certified that Prof./Dr. _____, appointed by the institute from the panel approved by the Senate to examine the M.S. Thesis referred to above, is entitled to receive an honorarium of **Rs. 4000/-**. His report on the Thesis has been received and considered by the appropriate authorities. This bill may please be passed for payment.

Associate Dean (Research)

Date:

III. For Audit and Accounts Section:

AUDIT	ACCOUNTS
Pre-audited for Rs	Passed for payment Rs.
Financial Year	Transferred in the bank a/c on
Dates:	Cheque no. & date
AR (Audit & Accounts)	(If paid by cheque)
	Dated: F&AO/Registrar