**Conversion of project fellow to Own 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 toOwn fellowship for following candidate for your kind perusal and necessary action. The details are given below.

Name of the Student: ID No.:

Date of admitted into the PhD Programme:

Sponsoring Agency:

Title of the project:

Total duration of the fund support form sponsored project: year(s) month(s)

Date of completion the project:

Date of supporting from Own fellowship:

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