



**Birla Institute of Technology & Science, Pilani**  
K K Birla Goa Campus  
**Academic Graduate Studies & Research Division**  
**(AGSRD)**

**ON CAMPUS HIGHER DEGREE DISSERTATION PRE REGISTRATION**  
**FIRST /SECOND SEMESTER 20.... – 20....**

Date

1. Student Name: \_\_\_\_\_
2. ID No: \_\_\_\_\_
3. Email: \_\_\_\_\_
4. Mobile No: \_\_\_\_\_
5. Department: \_\_\_\_\_
6. CGPA: \_\_\_\_\_
7. Title of the proposed thesis/dissertation work \_\_\_\_\_  
\_\_\_\_\_
8. Name of the Proposed Supervisor: \_\_\_\_\_
9. Department of the Proposed Supervisor: \_\_\_\_\_
10. E-mail Address of the proposed Supervisor: \_\_\_\_\_
11. Mobile phone no. of the proposed Supervisor: \_\_\_\_\_
12. Have you done thesis in the previous semester? Yes / No. [Tick the correct option].
13. If yes, provide the details of the earlier thesis station, else leave it blank.

Name	
Place	
Supervisor's name, Email address	

Signature of Student

Signature(/d) of the Proposed Supervisor

Name & Signature(/d) of HOD

Associate Dean(ARD)(/d)