

Form- A

[To be filled by student for seeking permission for Off-campus thesis/dissertation; to be submitted to concerned HOD]

1. Name of proposed guide: _____
2. Address _____
 - i. Email: _____
 - ii. Phone Number: _____
3. Name of proposed co-guide (A BITS, Pilani faculty): _____
4. Name of host organization/university: _____
5. Summary of work to be carried out: _____
6. Why this work is not possible at BITS Pilani: _____
7. Financial assistance being offered: Full/Partial/No (Please tick the right one)

Student information:

Name: _____

Email: _____

ID NO: _____

Signature: _____

Form-B

[To be signed by off-campus thesis supervisor, on-campus guide, HOD and Associate Dean, ARD and to be submitted to HOD]

I hereby agree to guide Mr/Ms. _____ ID No _____
on the topic/title _____

I have obtained necessary permissions from my organization for guiding student from BITS Pilani and will follow the guideline regarding evaluation components and grade submission.

(Signature of off-campus supervisor)

Name of supervisor:

Name of Research Organization/University:

Email address:

Phone No:

Postal address:

Date:

For official use

Signature of on-campus co-guide

Signature of Head of the Department

Signature of Associate Dean, ARD