

**BITS, PILANI - K.K. BIRLA GOA CAMPUS**  
Academic Graduate Studies & Research Division (AGSRD)

**Format for Institute fellowship Continuation after the Final Thesis submission**

**Name of the PhD scholar :**

**ID No.:**

**Department:**

**Date of PhD. Admission:**

**Title of the Ph.D. Thesis :**

**Date of Final Thesis Submission :**

**Date of 5 Years Institute Fellowship Completion :**

**Recommendation for Continuation of Institute Fellowship: (Yes / No)**

**Reason for recommendation / Remarks**

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**Name & signature of Supervisor (with date )**

**Name & signature of DRC Convener (with date)**

**Name & signature of HOD (with date)**

**Associate Dean (AGSRD) (with date)**