**FORM XI - B**



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**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

**बिजनी कॉम्‍पलेक्‍स, लैटमुख्‍्राह, शिलांग Bijni Complex, Laitumkhrah, Shillong-793003**

##### **Recommendation for constitution of ODEC**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | Name of Scholar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **2** | Roll no \_\_\_\_\_\_\_\_\_\_\_\_ | **3.** Department\_**\_\_\_\_\_\_\_\_\_\_** | **4.** Category (Please tick): Full time/Full Time Project Fellow/Part Time |
| **5** | Date of Admission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **6.** Date of Registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **7** | (a) Name of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **8** | (b) Name of Co-Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **9** | Title of the Thesis: | | |
| **10** | Whether the scholar was asked for revising the thesis based on the examination report (please tick). **(YES/NO)** | | |
| **11** | If Yes, summary report of changes (compliance report) and the revised thesis to be enclosed with this form. If there is no correction required, the second meeting as mentioned in pt **12(b**) may be skipped. | | |
| **12** | Date of discussion with the DC by conducting a meeting;   1. Date of meeting before correction/revision(compulsory): 2. Date of meeting after correction/revision(compulsory only if correction is required): | | |

Signature of Supervisor

**DC Recommendation**: We the DC members certified that the scholar has incorporated all the corrections/modifications as per the comments/suggestions (if any) provided by the examiners and hereby recommends for constituting the ODEC to conduct the viva-voce exam.

|  |  |
| --- | --- |
| **Name of the DC members:**   1. **Chairman -** 2. **Member (Supervisor) -** 3. **Member (Co-Supervisor)-** 4. **Member –** 5. **Member –** 6. **Member –** | **Signature of the DC members:**  (iii)  (iv)  (v)  (vi) |

Signature of DRC Chairman

Date:

Forwarded to Academic Section:

Recommended /Not Recommended Dean(AA)

Approved /Not Approved Director