FINAL REGISTRATION SEMINAR REPORT

Name of Supervisor:
Name of co-supervisor (if any):

Name of the student   :

Enrollment no.   :

Date of Provisional Registration Seminar   :

Proposed title of the thesis   :

Department   : Computer Science and Information Technology

Faculty   : Physical, Chemical and Mathematical Sciences

Date of the Seminar   :

Literature review (Satisfactory /Unsatisfactory)	
Problem formulated (Yes / No)	
Recommended (Yes / No)	

Brief Comments about the student's performance (*if required, use back side of this FORM*)

Signature of the members of the Research Advisory Committee

(Dr. Himanish Shekhar Das)	(Dr. Ashish Paul)	(Dr. Manash Pratim Dutta)	(Dr. Kangkana Bora)
Supervisor	External Member	Member	Member
Assistant Professor	Associate Professor	Associate Professor	Assistant Professor
Dept. of CS&IT	Dept. of Mathematics	Dept. of CS&IT	Dept. of CS&IT

Signature of the Chairman, DRC