Gujarat Technological University

Master of Engineering (Dissertation Review Card)

Date: ___/___/___

Applicable from 2019 onwards for New Syllabus – effective from Academic year 2018-19

Semester:	**3**	**Subject Name & Code:**	☐ **Internal Review -1 (3730002)** ☐ **Internal Review -1 (3730011)** **Please tick whichever applicable**	**IR-1**

Student's Enrollment													

Name of Student			
Student's Mail ID		**Branch Code**	
Students Contact No.		**Branch Name**	
Theme of Dissertation			
Title of Dissertation			

Sr. No.	**Comments given by Internal Review Panel** (Please write specific comments)	Modification done based on Comments
		_____ **Guide's Signature**

Note : *Above suggestions/modifications/comments must be fulfil/accommodate by the student in DP 1*	**Approved**		*Please tick on any one.* *If approved, then put marks ≥ 50 %.*
	Not Approved		

Particulars	**Internal Review Panel**	
	Expert 1	**Expert 2**
Name		
Institute code & Name		
Mobile No.		
Signature		

Particulars	**Internal Guide's Details**	
	Supervisor	**Co-supervisor**
Name		
Institute code & Name		
Mobile No.		
Signature		

Gujarat Technological University

Master of Engineering (Dissertation Review Card)

Date: ___/___/___

Hall No: _____

Applicable from 2019 onwards for New Syllabus – effective from Academic year 2018-19

Semester:	**3**	**Subject Name & Code:**	☐ **Dissertation Phase -1 (3730003)** ☐ **Dissertation Phase -1 (3730012)** **Please tick whichever applicable**	**DP-1**

Student's Enrollment				
Name of Student				
Student's Mail ID		**Branch Code**		
Students Contact No		**Branch Name**		
Theme of Dissertation				
Title of Dissertation				

OBSERVATIONS

1. Appropriateness of title with proposal. (Yes/ No) _____
2. Whether the selected theme is appropriate according to the title? (Yes / No) _____
3. Justify rational of proposed research. (Yes/ No) _____
4. Clarity of objectives. (Yes/ No) _____

Sr. No.	**Comments given by External Examiners (DP-1)** (Please write specific comments)	Modification done based on Comments
	***If modification in title is suggested by experts, then student is required to submit duly signed title change form to GTU after taking mail approval from experts.**	_____ **Guide's Signature**

Note :			
Above suggestions/modifications/comments must be fulfil/accommodate by the student in IR-2	**Approved**		*Please tick on any one. If approved, then put marks ≥ 50 %.*
	Not Approved		

Particulars	**Details of External Examiner**	
	Expert 1	**Expert 2**
Name		
Institute code & Name		
Mobile No. (optional)		
Email Id		
Signature		

Gujarat Technological University

Master of Engineering (Dissertation Review Card)

Date: ___/___/___

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Semester:	**4**	**Subject Name & Code:**	☐ **Internal Review -2 (3740001)** ☐ **Internal Review -2 (3740011)** **Please tick whichever applicable**	**IR-2**

Student's Enrollment:													

Name of Student :			
Student's Mail ID:-		**Branch Code**	
Students Contact No.		**Branch Name**	
Theme of Dissertation :			
Title of Dissertation:			

Sr. No.	**Comments given by Internal Examiners (IR-2)** (Please write specific comments) i) The appropriateness of the major highlights of work done; State here itself if work can be approved with some additional changes. ii) Main reasons for approving the work. iii) Main reasons if work is not approved.	Modification done based on Comments
		_____ **Guide's Signature**

Note : *Above suggestions/modifications/comments must be fulfil/accommodate by the student in DP-2*	**Approved**		*Please tick on any one.* *If approved, then put marks ≥ 50 %.*
	Not Approved		

Particulars	**Details of Internal Examiner**	
	Internal Review Panel 1	**Internal Review Panel 2**
Name		
Institute code & Name		
Mobile No.		
Email Id		
Signature		

Gujarat Technological University

Master of Engineering (Dissertation Review Card)

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Hall No: _____

Applicable from 2019 onwards for New Syllabus – effective from Academic year 2018-19

Semester:	**4**	**Subject Name & Code:**	☐ **Dissertation Phase -2 (3740002)** ☐ **Dissertation Phase -2 (3740012)** **Please tick whichever applicable**	**DP-2**

Student's Enrollment													

Name of Student			
Student's Mail ID		**Branch Code**	
Students Contact No.		**Branch Name**	
Theme of Dissertation			
Title of Dissertation			

Sr. No.	**Comments given by External Examiners (DP-2)** (Please write specific comments) i) Main reasons for approving the work. ii) Main reasons if work is not approved.	Modification done based on Comments
		_____ **Guide's Signature**

Approved ☐

Not Approved ☐

Please tick on any one.
If approved, then put marks ≥ 50 %.

Particulars	**Details of External Examiner**	
	Expert 1	**Expert 2**
Name		
Institute code & Name		
Mobile No. (Optional)		
Email Id		
Signature		