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**	**IR-1**

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

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.*
	***Not* Approved**		*If approved, then put marks ≥ 50 %.*

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**	**DP-1**

Student's Enrollment:												

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

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-I)** (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 IR-2

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:		

Gujarat Technological University

Master of Engineering (Dissertation Review Card)

Date: ___/___/___

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Semester:	**4**	**Subject Name & Code:**	**Internal Review -2 – 3740001**	**IR-2**

Student's Enrollment:													

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

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	**Internal Review Panel**
Name:		
Institute code & Name:		
Mobile No.:		
Email Id:		
Signature:		

Gujarat Technological University

Master of Engineering (Dissertation Review Card)

Date: ___/___/___

Hall No : _____

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Semester:	**4**	**Subject Name & Code:**	**Dissertation Phase-2 3740002**	**DP-2**

Student's Enrollment:												

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

Sr. No.	**Comments given by External Examiners (DP-II)** (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:		