THESIS SUBMISSION FORM (M-5)

Institute/Department: ------------------------------- No. KFUEIT/-------------------------------- Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name** | **Registration No.** | **Class** | **Session** | **Admission Date** |
|  |  |  |  |  |

**List of Attachments**

1. Student file
2. Summary of fee paid during degree completion as per attached format.
3. Extension in Study Period notification (if any).
4. Admission Test or GAT General (valid).
5. Semester Result Cards / Transcripts (in order).
6. Copy of approved minutes of BASR relevant to student regarding topic and verified from Chairperson.
7. Copy of BASR approved synopsis / research proposal duly signed by Director/Incharge BASR.
8. Plagiarism Test Report (verified from both supervisor & QEC).
9. Three Pages of Thesis (Title page of Thesis, Supervisory Committee signed page, Table of Contents).
10. Departmental No Objection Certificate (incase employee of any institution).
11. Thesis check list (filled & signed) in attached format.
12. Panel of at least 03 national (External) examiners with official e-mail address verified from supervisor duly approved by concerned HoD/Director.
13. Any other Information.

**Check list**

1. Whether processed through Supervisor/Head of the Department. **Yes / No**
2. Title according to the Approved Synopsis. **Yes / No**
3. Thesis and references submitted on prescribed KFUEIT format. **Yes / No**
4. Thesis is written under the minimum limit of pages. **Yes / No**
5. Tables/Figures and their captions in KFUEIT format. **Yes / No**
6. Similarity Index in the Plagiarism Report is less than 19% **Yes / No**
7. Supervisory report attached. **Yes / No**
8. Thesis deposited (03 copies) **Yes / No**
9. MS/PhD thesis submitted within prescribed time limit **Yes / No**
10. List of external examiners approved by BASR attached. **Yes / No**

Signature of Applicant *Signature and stamp of Supervisor:*

*Name of Supervisor:-------------------------------------------*

*Signature* and Stamp *of Chairperson/Director* (Director/Incharge BASR)

*(For verification of record and processing)*

**Summary of Fee Paid**

**STUDENT PARTICULARS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ROLL NO.** | **STUDENT NAME** | **REGISTRATION NO.** | **CLASS** | **SESSION** | **LAST DATE OF SUBMISSION** |
|  |  |  |  |  |  |

**FEE PAID DETAIL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. NO.** | **SEMESTER** | **FEE PAID** | **DATE** | **REMARKS** |
| 1. | 1st |  |  |  |
| 2. | 2nd |  |  |  |
| 3. | 3rd |  |  |  |
| 4. | 4th |  |  |  |
| 5. | 5th |  |  |  |
| 6. | 6th |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. | Re-Admission Fee if any |  |  |  |
| 10. | Gap Period  Fee if any |  |  |  |
| 11. | Fine if any |  |  |  |
|  | **Total** |  |  |  |

\*All fee vouchers (verified by fee section) are attached here with.

Date: Applicant’s Signature

Signature by Supervisor

Signature of Fee Section: Countersigned by Director/ Chairperson