INDIAN INSTITUTE OF TECHNOLOGY, BOMBAY

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(Prior to Viva-Voce Examination)


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8. Department: ________________________________________________

9. Specialization: _______________________________________________

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11. Name of Supervisor: ____________________________________________

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12. Enclosed clearance certificates: (tick the appropriate box)

    (a). Accounts Section: Yes ( )/ No ( )

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15. Recommendation from the Supervisor(s):
Recommended that these examination copies of the dissertation be accepted for the Viva Voce examination of the student.

Prof. ________________________________ (Name of Supervisor) ________________________________ (Signature) ________________________________ (Date)

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