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Pre-Thesis presentation form

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| **Name of the Student** |  |
| **Registration No. and Date** |  |
| **University name** |  |
| **Title of the thesis** |  |
| **E-mail address of the student** |  |
| **Contact details of the student:** |  |
| **Supervisor/(s) name with designation** |  |
| **Pre-thesis presentation date** |  |
| **Pre-thesis presentation time** |  |

**It is requested to kindly give at least three (3) days advance notice so all necessary requirements/steps can be completed for a smooth pre-thesis seminar by the student/s**

**Duly filled form may kindly be sent to the NOEA (****noea@wii.gov.in****) with a copy to** **samrat@wii.gov.in** **and** **lallian@wii.gov.in**