



**University of Agricultural Sciences, Bangalore**  
**Directorate of Post Graduate Studies**  
**Details of Courses and Submission of Thesis**

1. Name of the student :
2. I.D. No :
3. Year of Admission :
4. Degree Programme :
5. Major Subject :
6. Thesis entitled : .....
- .....
- .....
7. List of Courses :

Course No.	Title of the Course / Seminar	Credit Hours	Grade Points Obtained
	A. Major courses completed		
	B. Minor courses completed		
	C. Seminar completed		

C. Colloquia presented

Sl. No.	Title of the Colloquium	Date of Presentation
1		
2		

8. Has the Plan of Work and Programme of Research been considered by the Advisory Committee and approved by Dean (PGS):

9. Has changes, if any, in the Plan of Work and Programme of Research been recommended by the Advisory Committee and revised approval of Dean (PGS) obtained:

10. Furnish details, if the Research topic has been changed.

Topic of Research: .....

Revised Topic of Research: .....

11. Has the student completed the total number of credits (Furnish the details).

No. of Credits registered	No. of Credits completed	Semester

12. Has the student submitted her / his thesis within the stipulated period of the PG programme.

Date of Registration for Thesis submission	Date of Submission of Thesis

13. Has the candidacy of the student been declared:

**Signature of the Student**

**CERTIFICATE**

Certified that the above requirements have been checked with reference to the student file and found correct.

Certified that the student has fulfilled all the requirements of credits for submission of thesis for External Evaluation.

**Signature of the PG Co-ordinator**

**Signature of the Chairperson**

Forwarded to the Dean, Post Graduate Studies, UAS, GKVK, Bangalore – 65 one/ two copies of thesis for onward transmission to the external examiner.

**Signature of the Head of Department**

**Date .....**

**Signature of Dean, Post Graduate Studies**