

## State of the Art Seminar (SOTA) of Ph. D. Scholar Proposal Form

Date of Proposal		
Scholar's Roll Number		
Scholar's Name		
Scholar's Department		
Proposed Date and Time of the State of the Art Seminar (minimum duration is 1 hour)	Date :	
	Time From:	To:
Details of Thesis Supervisor (s)		Details of Thesis Coordinator(if any)
Name: (1)	(2)	
Designation:		
Contact No.:		
Convener		
Proposed list of State of the Art Seminar (SOTA) Members (At least one Member should be from Outside Discipline)	S#	Name
	1	
	2	
	3	
	4	
	5	
	6	

Signature of Thesis Supervisor

Recommendation / Rejection by the HOD with Remarks (if any)	
Recommendation / Rejection by the DOAR with Remarks (if any)	
Approval / Rejection by the Chairperson AC with Remarks (if any)	