PARTICIPANT DETAILS

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| School/Department: |  |
| MS Program Title: |  |
| Participant Name: |  |
| Participant ID: |  |
| Title of Thesis |  |

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| 1. **Basis of Thesis Evaluation (Maximum Marks 25): -**

The thesis has been evaluated with a view to ascertain that;The thesis makes a distinct contribution to knowledge and it shows ability on the part of candidate to conduct original investigations and to test ideas whether his own or others and to understand the relationship of his investigations with a wider field of knowledge. |
| **Observations by Supervisor and External Examiner:** | **Poor** **(1 Mark)** | **Fair** **(2 Marks)** | **Good** **(3 Marks)** | **Very Good** **(4 Marks)** | **Excellent** **(5 Marks)** |
| **Introduction & Objectives****(**Are the problem and objectives clearly stated? Does the dissertation have a testable research hypothesis?**)** |  |  |  |  |  |
| **Literature Review and References (**Does thereview comprehensive and major concepts identified and defined? Are references correctly cited both in the text and literature list) |  |  |  |  |  |
| **Methodology (**Design and procedure adequate to support the study’s objectives; Scope of project feasible with reference to time and resource limits**)** |  |  |  |  |  |
| **Results & Discussion** |  |  |  |  |  |
| **Overall Quality of Thesis** |  |  |  |  |  |

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| 1. **Final Defense (Maximum Marks 20): -**

Participant has successfully presented and defended his/her MS Thesis in the presence of external examiner, student and faculty of the concerned department |
| **Observations by External Examiner:** | **Maximum Marks**  | **Obtained Marks** |
| **Final Presentation** | **10** |  |
| **Viva Voce Exam (Q/A)** | **10** |  |
| **Are there aspects of the thesis that you feel require further development or** **improvement?** |
| **Major Essential Changes:** | 1.2.3. |
| **Minor Essential Changes:** | 1.2.3. |
| **Final Decision on Thesis (tick the relevant):** |
| No change is needed |  |
| Require minor changes |  |
| Require major changes |  |
| Non defendable |  |
| **Name of External Examiner:**  | **Signature:** |
| **Contact:** | **Email:** |
| **Department Address:** | **Date:** |