



**ಕೆಲಡಿ ಶಿವಪ್ಪ ನಾಯಕ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ
ಕೃಷಿ ಮತ್ತು ಹೂವಿನ ವಿಜ್ಞಾನಗಳ
ಶಿವಮೊಗ್ಗ ಕ್ಯಾಂಪಸ್**

**KELADI SHIVAPPA NAYAKA UNIVERSITY OF AGRICULTURAL AND
HORTICULTURAL SCIENCES, SHIVAMOGGA
IRUVAKKI CAMPUS**

**Directorate of Postgraduate Studies
Submission of Thesis for External Evaluation**

1. Name of the Student and ID No.: _____
2. Department and Year of Admission: _____
3. Approved Thesis Title : _____

4. Details of Course Credits and Courses Completed:

Course No.	Course Title	Credit Hours	Grade points obtained
	Major compulsory courses		
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		
	Major optional courses		
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	Minor compulsory courses		
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	Minor courses		
	1.		
	2.		
	3.		

	4. 5. 6. Supporting courses 1. 2. 3. 4. Non-credit compulsory courses/ Common courses 1. 2. 3. 4.		
	Total credits		

5. Seminars Delivered: _____

Sl. No.	Title	Date	Grade Points
1.			
2.			

6. Colloquia Presented: _____

Sl. No.	Colloquia	Date
1.		
2.		

7. Date of Approval

	Original	Revised
a) Plan of Work		
b) Programme of Research		

8. Date of admission : _____

9. Date of Qualifying Examination : _____

10. Whether Candidacy of Student Declared : Yes/No

11. Date of Sending Proposal for Appointment of External examiner : _____

12. Date of Thesis Submission : _____

13. Whether the Thesis is Submitted within the Minimum Duration:Yes/No

Certified that the candidate had fulfilled all the requirements for the submission of the thesis for external evaluation.

Date:

Chairperson
Name and Signature

Forwarded to Dean (Agri.)/ Dean (Hort.)/ Dean (Forestry)

Head of the Department

Forwarded to Dean (PGS) for further action

Dean (Agri.)/ Dean (Hort.)/Dean (Forestry)

“Approved”

Dean (PGS)

NB: 1. Please submit two original copies of Form-7