CHECK SHEET FOR COMPREHENSIVE EXAMINATION

(to be used by the Comprehensive Examination Board. This should be returned to Assistant Registrar (Academic) after completion)

Name of Student		
Degree Registered		
Department **SR No** **Date of joining**		
Date and place of CE **(Second CE only if recommended by First CE Board)**	**First**	
	Second	**---**

We recommend the following
(Tick the appropriate Box with √)

Student has PASSED the Comprehensive Examination		
Student has FAILED in First CE. The CE Board also recommends	**Second CE is not Required**	
	Appear for Second CE	
Student has to be downgraded to M.S/ M.Sc (Engg) /M.Tech. (Research)		
Student has FAILED in the Second Comprehensive Examination		

Sl. No.	**Name of the CE Board Members**	**Signature**