

OFFICE OF POST GRADUATE STUDIES
NATIONAL INSTITUTE OF FOOD TECHNOLOGY ENTREPRENEURSHIP &
MANAGEMENT

(To be submitted by the student in single copy)

Date: _____

To
Dean PGS

Through: Proper Channel

Subject: - Proposal for the Thesis Title / Revised Thesis Title

The following thesis title of Mr. / Ms. _____
Registration No. _____, Department of
_____ may please be approved.

Proposed Title: -

Revised Title: (if any)

(Guide)

SAC Members:-

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