

Performa for approval of Synopsis
(for MCA 6th Semester only)

DIRECTORATE OF DISTANCE EDUCATION
MAHARSHI DAYANAND UNIVERSITY, ROHTAK

Performa for approval of topic / name of the Supervisor of Project Report to be submitted in partial fulfillment of the MCA (6th sem.) Course.

Note:- Please send this Performa duly filled into this Directorate and start working on receipt of the approval letter from this Directorate.

Particulars of the candidate:

- (a) Name: _____ Course: _____
DDE Regn No. _____ Year : _____
Roll. No.: _____ Session _____
- (b) Topic _____

Particulars of the Supervisor:

- (a) Name: _____ Designation: _____
Qualifications: _____
Teaching Experience : UG _____ Year PG _____ Years
Industry Experience : _____
Postal Address: _____

- (b) University/ Institute/ Organization where working _____

Signature of the Student

Dated: _____ Address: _____

Consent of the supervisor : I hereby convey my consent for supervising the work of the above mentioned candidate as indicated above which would be his/her original work.

Dated: _____

Signature of Supervisor
With office stamp (if any)

The above mentioned topic and name of the supervisor are hereby approved.

Remarks, if any _____

Dated: _____

Signature
(Member of Committee)