

**Institute Academic Quality Assurance Cell**  
**Academic (Research)**  
**Master and Ph.D. Degrees**

**Name of the Department: -----**

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S. No.	Title of Project/ Dissertation/ Thesis	Student's Name and Enrolment No.	Supervisor(s) name(s)	Level :(Master/Ph.D.)	Acad. Year	Completed/ On-going
1						
2						
3						

**API Score to be awarded to faculty as per criteria given:**

(\*) (i) 5/ M.Tech degree awarded (ii) 10/ Ph.D. degree awarded (iii) 7/ Ph.D. thesis submitted (iv) 3/ Ongoing Ph.D. thesis of more than 6 months duration (v) In case of joint guidance , points to be shared as in the case of jointly authored books.(Form 7 )

**(Name and Signature)**