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**INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR**

**Academic Section**

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# Date Synopsis Seminar: Date of Submission of Thesis:

**Title of the Thesis:**

# Name of the Supervisor(s) Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of the Scholar Roll No.

and category of the Scholar registered candidate of the

School/Department for the MS(R) degree of the Institute has submitted today his/her thesis in FOUR/FIVE soft-bound copies (FOUR in case of one supervisor and FIVE copies in case of two supervisors) that are sent herewith for processing at your end..

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# Signature of the Head of the School

**To**

# The Deputy Registrar (Academic) IIT Bhubaneswar

Encl: As Above

A copy of the Thesis Submission form received from the Head of the School with the thesis, as above is forwarded for information and necessary action at your end:

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