

INSTITUTE OF AERONAUTICAL ENGINEERING (Autonomous) Dundigal - 500 043, Hyderabad, Telangana

## **PROFORMA OF APPLICATION FOR M.TECH PROJECT WORK**

| STUD   | ENT DETAILS:                                      |             |                |              |             |
|--|---|-------------|----------------|--------------|-------------|
| S.No   | Name, Phone number and<br>Email ID of the student | Roll Number | Branch         | Class        | Section     |
|  | Name:   |             |                |              |             |
| 1  | Phone Number:                                     |             |                |              |             |
|  | Email ID:   |             |                |              |             |
| NAME & ADDRESS OF THE INSTITUTE:   |   |             |                |              |             |
|  |   |             |                |              |             |
| Telephone No:<br>E-mail ID:  |   |             |                |              |             |
| SUPERVISOR DETAILS IN THE INSTITUTE:   |   |             |                |              |             |
| Name of the Supervisor   |   |             |                |              |             |
| Department   |   |             |                |              |             |
| Designation  |   |             |                |              |             |
| Phone Number   |   |             |                |              |             |
| E-mail ID  |   |             |                |              |             |
| NATURE OF WORK:  |   |             |                |              |             |
| Course   | e of Specialization / Interest                    |             |                |              |             |
| Project Preference (if any)  |   |             |                |              |             |
| Brief note on why you want to take up this project work (should not exceed 50 words) |   |             |                |              |             |
| Date:  |   |             | Signat         | ure of the S | Student (s) |
| Signatu  | re of the Supervisor                              | Sig         | gnature of the | Project co   | ordinator   |

**Remarks of the Head of the department:** Approve / Not-Approved Date:

Signature of the HOD

Remarks of Dean of Planning, Monitoring & Continuing Studies (PMCS): Approve / Not-Approved Date:

Signature of the PMCS

Acceptance of the Principal: Accepted / Not-Accepted Date:

Signature of the PRINCIPAL