

(Format for approval of Topic of Project etc.)

**DIRECTORATE OF DISTANCE EDUCATION
KURUKSHETRA UNIVERSITY KURUKSHETRA**

**Proforma for approval of topic/name of the Supervisor of Dissertation/Project Report/
Field Work/Translation Work/Training Report to be submitted in partial fulfilment of
the course.**

NOTE : Please send this proforma duly filled in to this Directorate and start the work on receipt of the approval letter from this Directorate.

Particulars of the candidate :

(a) Name : _____ Course : _____
DDE Ref.No. _____ Year _____
Session : 2008-2009 (I/II/III)

(b) Topic (in English) _____
(in Hindi) _____

Particulars of the Supervisor :

(a) Name : _____ Designation : _____
Qualifications : _____
Teaching experience : UG _____ years PG _____ years
Postal address : _____

(b) University/Institute where working _____

Dated : _____

Signature of the student
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 the Supervisor with office stamp, if any

Approval of the Course Coordinator :

The above mentioned topic and name of the Supervisor are hereby approved.
Remarks, if any _____

Dated : _____

Signature
(Course Coordinator)

**DIRECTORATE OF DISTANCE EDUCATION
KURUKSHETRA UNIVERSITY KURUKSHETRA**

Proforma for approval of Training Establishment for undergoing Practical Training/Internship in partial fulfilment of the requirement of the Course.

NOTE : Please send this proforma duly filled in to this Directorate and start the work on receipt of the approval letter from this Directorate.

Particulars of the candidate :

(a) Name : _____ Course : _____
DDE Ref.No. _____ Year _____
Session : 2008-2009 (I/II/III)

(b) Area of Training (in English) _____
(in Hindi) _____

Particulars of the Supervisor :

(a) Name : _____ Designation : _____
Qualifications : _____
Postal address : _____

(b) Organisation where working _____

Dated : _____ Address : _____
Signature of the student

Consent of the Supervisor :

I hereby convey my consent for supervising the Work of the above mentioned candidate which would be his/her original work.

Dated : _____
Signature of the Supervisor with office stamp, if any

Details of Establishment for Training/Internship :

- (a) Name in full : _____
(with complete address)
- (b) Category : _____
(Training/Internship, Manufacturing and others)
- (c) Proposed Area of Training/Internship : _____
- (d) Period of proposed Training/Internship : _____
- (e) Status/Annual turn over of the Training/Internship Establishment : _____

I/We hereby convey my/our consent for imparting training/internship on the topic indicated above to be submitted by the above mentioned candidate.

Dated : _____
Signature of the authorised official with seal

Approval of the Course Coordinator :

The above mentioned topic/supervisor and training/internship establishment are hereby approved.

Remarks, if any _____

Dated : _____ Signature
(Course Coordinator)